



# United Regional Health Care System

UNITED REGIONAL HEALTH CARE SYSTEM	
36-24-04  N	11TH
CARDWELL, JOHN W	
CHAPA, PHILLIP E	8061
DOB: 9/01/61	039Y
00011324092	M
ADM 7/16/01	

## POINT OF CARE TESTING: TRIAGE CARDIAC

DATE OF TESTING: 07-16-2001

BASELINE: Ordered by Unit Clerk LH

COLLECTION TIME: 1915 NURSE: K. ACKER

CKMB: 1.8 NORMAL: 0.0 - 6.0 ng/ml

MYOGLOBIN: 7500 NORMAL: 0.0 - 170.0 ng/ml

TROPONIN I: 0.2 NORMAL: 0.0 - 0.6 ng/ml

Dr. Chapa Notified @ 1930 by K. ACKER

45-MINUTE Ordered by Unit Clerk \_\_\_\_\_

COLLECTION TIME: 2000 NURSE: \_\_\_\_\_

CKMB: 2.2 NORMAL: 0.0 - 6.0 ng/ml

MYOGLOBIN: 7500 NORMAL: 0.0 - 170.0 ng/ml

TROPONIN I: 0.3 NORMAL: 0.0 - 0.6 ng/ml

Dr. Naser Notified @ 2020 by N. KRAMER

90-MINUTE Ordered by Unit Clerk \_\_\_\_\_

COLLECTION TIME: \_\_\_\_\_ NURSE: \_\_\_\_\_

CKMB: \_\_\_\_\_ NORMAL: 0.0 - 6.0 ng/ml

MYOGLOBIN: \_\_\_\_\_ NORMAL: 0.0 - 170.0 ng/ml

TROPONIN I: \_\_\_\_\_ NORMAL: 0.0 - 0.6 ng/ml

Dr. \_\_\_\_\_ Notified @ \_\_\_\_\_ by \_\_\_\_\_

NOTE: Due to differences in methodology, results may not compare to testing performed by Laboratory. Revised 1-29-01

## UNITED REGIONAL HEALTH CARE SYSTEM - PHYSICIAN ORDER SHEET

## PERIPHERAL PARENTERAL NUTRITION (PPN) INITIAL ORDERS

\*(reorder sheets from 11th street pharmacy ext. 0211)

1. Daily orders must be in pharmacy by 1300 hours.
2. All PPN will be hung between 1800-2000 hours. First bag ASAP? Yes ☒ No ☐ Dr's Initials LM
3. If infusion is interrupted, begin D5W at the same rate.
4. See reverse side for calorie and macronutrient information (flip up bottom of page)

STANDARD ☐MODIFIED ☒

AMINO ACID	3.5% Final Conc.	<input checked="" type="checkbox"/>	%Final Conc.
DEXTROSE	5% Final Conc.	<input checked="" type="checkbox"/>	%Final Conc.
LIPIDS	5% Final Conc.	<input checked="" type="checkbox"/>	%Final Conc.
Na-Chloride	40 mEq	<input checked="" type="checkbox"/>	mEq/Liter
Na-Acetate	10 mEq	<input checked="" type="checkbox"/>	mEq/L
K-Chloride	20 mEq	<input checked="" type="checkbox"/>	mEq/L
K-Phosphate	15 mEq	<input checked="" type="checkbox"/>	mEq/L
Ca-Gluconate	5 mEq	<input checked="" type="checkbox"/>	mEq/L
Mg-Sulfate	10 mEq	<input checked="" type="checkbox"/>	mEq/L
HEPARIN, SODIUM	1000u	<input checked="" type="checkbox"/>	units/Liter
Multi-Vitamin	10ml/day	<input checked="" type="checkbox"/>	ml/day
MTE-5 (Concentrate)	3ml/day	<input checked="" type="checkbox"/>	ml/day
OTHER: Insulin		<input type="checkbox"/>	units/Liter
Pepcid (Record on MAR)		<input type="checkbox"/>	mg/day

INFUSION RATE = 125 ml/hr (No acclimation period required).

(CHECK EACH DESIRED)

- YES ☒ NO ☐
- ☒ ☐ Weigh ☒ q day or ☐ q Monday
- ☐ ☒ Baseline Survey 12, Phos, Mg, Cholesterol prior to initiation of PPN (if not done in previous 48 hours)
- ☒ ☒ Survey 7, Ca, Phos, Mg, and Triglyceride x 2 days, starting in a.m. Mandatory if physician orders IV nutrition without any lab.
- ☐ ☒ Survey 12, Phos, Mg, Uric Acid, Cholesterol every Monday.
- ☐ ☒ 24 hour urine collection for Urinary Urea nitrogen (begin 0600 tomorrow). (CHI, Trauma, Sepsis, Multisurgeries, etc.) Note, if creat. > 1.4, obtain a serum creatinine and a 24hr. urine for creatinine clearance. Usefulness of UUN limited if creat. clearance < 50ml/min.

Date: 7/16/01 Time: 10 am Dr. LM

certified: 08/18/98 Lawrence Lyford M.D., Chairman Pharmacy and Therapeutics Committee

Peripheral Parenteral Nutrition

FAXED  
0955MNL. 7-19-01 LMcopy of OIG case to Litig Support on 06.26.2010 scm.  
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6-8



UNIVERSITY REGIONAL HEALTH CARE SYSTEM  
1600 11th Street

Wichita Falls, Tx 76301

☒ IP

☐ OPS

PATIENT NAME		PATIENT INFORMATION										
<b>CARDWELL, JOHN W</b> <b>FM 369</b> <b>WICHITA FALLS, TX 76306</b>  <b>940 000-0851</b>		BLAN	M	U	09/01/1961	039Y	9061	W	ACCOUNT NUMBER			
		RELGN	SEX	M/S	DATE OF BIRTH	AGE	FC	MC	VP	1132409-2		
		PRISONER							SOC. SEC NUMBER			
		PRISONER (000) 000-0000							01-04-1651			
		EMPLOYER INFORMATION							MEDICAL RECORD NUMBER			
									36-24-04  N			
NEAREST RELATIVE-CONTACT #1		EMERGENCY NOTIFICATION-CONTACT #2		ADMITTING INFORMATION								
<b>ALLRED CORRECTIONAL, FAC</b> <b>2101 FM 369 N</b> <b>IOWA PARK, TX 763676568</b> <b>OTHER</b> <b>940 855-7477</b>		(000) 000 -0000		07/16/01		21:05		SCCU		08		
				ADMISSION DATE		TIME OF ADMISSION		ROOM		BED		
				HCONNER				I		MED		
				ADMITTED BY		IMMU. CURR.		PT TYPE		SERVICE		
ADMITTING PHYSICIAN <b>PROGRAM, RESIDENCY</b>				ATTENDING PHYSICIAN <b>SZCZERBA, ARTHUR J</b>				PASS DAYS				
ADMITTING DIAGNOSIS <b>HEAT STROKE</b>				FAMILY PHYSICIAN				OF DAYS				
CONSULTING PHYSICIAN <b>NOT</b>				LIVING WILL <b>07 16 2001 NONE</b>				DISCHARGE DATE				

MPOA **NO 07/16/2001**

DRG. CODE

SUMMARY

ICD-9-CODE

PRINCIPAL DIAGNOSIS

SECONDARY DIAGNOSIS

PRINCIPAL PROCEDURE:  
DATE PERFORMED:

PROCEDURES

SECONDARY PROCEDURE:  
DATE PERFORMED:

REMARKS:

EXPIRED AT \_\_\_\_\_ HOURS DATE \_\_\_\_\_ UNDER 24 HRS. \_\_\_\_\_ UNDER 48 HRS. \_\_\_\_\_ OVER 48 HRS. \_\_\_\_\_ AUTOPSY \_\_\_\_\_



362404

DATE \_\_\_\_\_

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,M.D.

Form/ADM/Tip2.0201.jen

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6-9

McGill/SCardwell#726

UNITED REGIONAL HEALTH CARE SYSTEM

36-24-04 | N |

11TH

CARDWELL JOHN W

SZCZERBA ARTHUR J 9061 ADM 7/16/01

DOB 9/01/61 039Y

00011324092

M

United Regional Health  
Care System

8-03-01

Nutrition Support (1305)

S/ Nurse reports "Blood Sugars have been running in 200  
~~range~~ today and all of yesterday"

d 228 # (↑ 4# 240)

CPN (Hepatosol 3.28 Dia 212)

Naceman 10cc/hr

Depressin 8cc/hr

NLS @ 20cc/hr

Protomix 40 IV

Labs. 145 / 114 / 32 / 262 L

5.1

23

1.1

K 5.1 Phos 4.6

Alb 1.2 / TBil 10.1 / BUN 6.6

ALK Phos 304 / AST 170 / ALT 92

Ammonia 81

Pt Weigh 57.8kg (1.8-1.9kg Kg 21 Liver failure)

Kcal 2082 (Vand formula)

A/ Pt wt up 10# since Nutrition Note 7/27.

Positive ITOS last 4 days. on ~ 1700-1800cc @ day.

Urin and post decreasing. Suspect Pt is undernourished. Day 20 to Alb

MD order albumin 50mg Potassium today. May help with fluid

balance. MD lower IV to 20cc. Also study &amp; 20 mg of liver

Condition to dry weight. Depressin Now @ 8cc (211 calories)

CPN increased to provide more calories by ↑ Depressin. ↓ Hepatosol 20

↑ liver functions. Presently protein 61.4 gm Protein and 1635 calories

Presently Pt is receiving ~ 8-9 gm ABW Kg of Protein and 896 of Caloric Needs

Potassium on the rise and Phos ↑. Jaws ↑ KPhos.

BBGs elevated. even with increase of insulin in IV Nutrition.

May benefit from increase in Sliding Scale.

Urin output show some downward trend in TBil, BUN, ALT, ALK Phos

Ammonia ↑ but declining again.

P/ &amp; KPhos

MD consider ↑ Sliding Scale insulin

Ellen Banfay RDCO

Copy of OIG case to Litigation Support on 06.26.2013 by scm

NUTRITION PROGRESS NOTE

6-10

UNITED REGIONAL HEALTH CARE SYSTEM

UNITED REGIONAL HEALTH CARE SYSTEM

36-24-04 [N]

11TH

CARDWELL, JOHN W

SZCZERBA, ARTHUR J 9061 ADM 7/16/01

DOB 9/01/61 0391

00011324092

M

EIGHTH STREET

ELEVANTH STREET

NON HIGH RISK SCREEN

ATTENTION DR. DzcerbaDate: 7-19-01

This chart has been screened by a Social Worker and the patient does not appear to meet Social Work High Risk criteria at this time.

Nursing notes indicate:

\_\_\_\_\_ Patient anticipated being discharged home with family

\_\_\_\_\_ Patient will return to nursing facility

Name: \_\_\_\_\_

\_\_\_\_\_ Patient anticipated being discharged home with self care

/ Other: allied unit

Please notify the Social Work Department if status changes or of your recommendations for Social Work intervention and Discharge Planning.

D. Smith, suw  
09:00 8/1/01: Request received from Mr. Napsta - SS consult for DNR status. Contacted pt's father - Gilbert Cardwell re: MD order. Mr. Cardwell is requesting pt. to do a full code and to do everything possible to "save his son's life." Reported this to pt's nurse. David Letter, MSW

8/1/01 Contacted by MD re: liver transplant. Contacted James V. Allred from prison & spoke to him concerning about issues. Per David Letter, MD the pt policy does not state whether pt. is eligible or not for transplant. I have a call placed to Director of the medical unit at the prison to have <sup>PR</sup> question answered: What hospital (agency) does prison have a contract for transplant services and who pays for transplant. Waiting on call back from prison. David Letter, MSW

11:15 8/2/01: Spoke to Mr. Edwards at Allred Brown Unit re: transplant

SOCIAL WORK  
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(Revised 11-20-98)

9170/01

6-11

INM@dhs/nw/SCardwell#768

He has requested the following info. be faxed to him for a decision.  
 (1) info. about transplant, why it is needed, benefits of hair transplant,  
 & what is the prognosis? This info. is to be faxed to Mr. Edwards  
 at 851-0083. Notified MD of info. ———— Hann Keltner, MD  
 1415 8/3/01: Contacted by Mr. Edwards at the James V. Allred Prison  
 and he is requesting Dr. Napita to call Mike Jones at  
 1-800-769-7843 re: transplant. Notified Dr. Napita via  
 telephone of the above info. ———— Hann Keltner, MD



**United Regional Health  
Care System**

 FINANCIAL #: 00011324092  
 AGE: 39 YRS SEX: M  
 ADMITTING DR:  
 RESIDENTS  
 INPATIENT

1600 11th Street Wichita Falls, TX 76301-4388 (940) 723-4111

**C L I N I C A L   R E S P I R A T O R Y   R E P O R T**

	DATE COLL	08/03/01	07/31/01	07/29/01	07/28/01	
	TIME COLL	0500	0810	0450	1144	
----- ARTERIAL BLOOD GASES -----						
PH		7.30L	7.40	7.44	7.47H	(7.35-7.45)
PaCO2		47H	37	32L	35	mmHG (35-45)
PO2		74L	95	92	75L	mmHG (80-100)
HCO3		23	23	21L	25	mEQ/L (22-26)
BE		-4.1L	-1.9	-2.0	1.5	(-2.0-2.0)
O2 SAT		95.5	97.3	97.0	96.0	% (92.0-100.0)
FIO2/O2		40	50		50	
O2 DEVICE		VENT	VENT	VENT	VENT	
PUNCT SITE		R RADIAL	L RADIAL	R RADIAL	R RADIAL	
# ATTEMPTS		1	1	1	1	
MOD ALLENS TEST		POS	POS	POS	POS	
TIDAL VOLUME		.85	.80	.80	.85	L
RR		20	20	22	24	
MODE		CMV	CMV	CMV	CMV	
CPAP/PEEP		0.0		0.0		cmH2O
P SUPPORT		0				
FLOWBY		5/2	5/2			
PIP		44				CM

	DATE COLL	07/27/01	07/25/01	07/25/01	07/24/01	
	TIME COLL	0540	1218	0400	0400	
----- ARTERIAL BLOOD GASES -----						
PH		7.44	7.42	7.34L	7.33L	(7.35-7.45)
PaCO2		39	43	58H	55H	mmHG (35-45)
PO2		91	87	67L	89	mmHG (80-100)
HCO3		26	28H	31H	29H	mEQ/L (22-26)
BE		1.7	3.0H	3.4H	1.4	(-2.0-2.0)
O2 SAT		97.4	97.0	92.0	96.0	% (92.0-100.0)
FIO2/O2		.70	.50	70	85	
O2 DEVICE		VENT	VENT	VENT	VENT	
PUNCT SITE		R RADIAL	R RADIAL	L BRACH	L RADIAL	
# ATTEMPTS		2	1	1	1	
MOD ALLENS TEST		POS	POS	*****	POS	
TIDAL VOLUME		.85	.85	.85	.85	L
RR		24	24	20	20	
MODE		CMV	CMV	CMV	CMV	
CPAP/PEEP		0.0	0.0	0.0	0.0	cmH2O
FLOWBY		5/2	5/2	5/2	5/2	
PIP				40	37	CM

**Footnotes**

L = Low, H = High

**Section Index: BLOOD GAS**
 PATIENT: CARDWELL, JOHN W  
 MEDICAL RECORD #: (0000)36-24-04

 DATE/TIME: 08/03/01 2227  
 PAGE: 1 ROOM: SCCU-08

DISCARD AFTER NEXT CUM CUMULATIVE REPORT continued on next page...

07/31/2001 TUE 19:24 FAX 940 764 3328

URHCS LABORATORY

002

UNITED REGIONAL HEALTH CARE SYSTEM

LABORATORY

WICHITA FALLS, TEXAS

DEPARTMENT OF PATHOLOGY

ACQUISITION DATE: 27JUL01      ROOM #: SCCU      ACC #: 08-HS-01-01988  
PATIENT: CARDWELL, JOHN W      AGE: 39 YRS      BIRTH DATE: 09/01/1961  
ADMIT PHYS: RESIDENTS      SEX: M      FIN #: 00011324092  
CONSULT PHYS: DEAN, J.      MED REC#: (0000)36-24-04

SURGICAL PATHOLOGY

FINAL DIAGNOSIS:

Rectal biopsy: Chronic inflammation.

CPT4: 188305

YH :CLW

D:07/31/01      V:07/31/01

Report signed by: YVONNE HEARN, M.D.  
(Electronic Signature)  
on: 07/31/01

\* PAGE 2 END OF REPORT \*

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07/31/2001 TUE 19:24 FAX 940 764 3328

URHCS LABORATORY

001

UNITED REGIONAL HEALTH CARE SYSTEM

LABORATORY

WICHITA FALLS, TEXAS

DEPARTMENT OF PATHOLOGY

ACQUISITION DATE: 27JUL01      ROOM #: SCCU    ACC #:    08-HS-01-01988  
PATIENT: CARDWELL, JOHN W      AGE: 39 YRS    BIRTH DATE: 09/01/1961  
ADMIT    PHYS: RESIDENTS      SEX: M      FIN #:      00011324092  
CONSULT PHYS: DEAN, J.      MED REC#: (0000)36-24-04

SURGICAL PATHOLOGY

SPECIMEN:

Rectal biopsy.

PRE-OPERATIVE DIAGNOSIS:

Probable difficile colitis.

POST-OPERATIVE DIAGNOSIS:

Proctosigmoiditis.

GROSS DESCRIPTION:

The specimen, labeled "rectal biopsy," consists of two fragments of tan tissue measuring in aggregate 0.5 x 0.2 x 0.2 cm, submitted in toto as 1A.

YH:clw

D: 07/30/01    T: 07/30/01

MICROSCOPIC DESCRIPTION:

Microscopic examination reveals colonic mucosa with patchy mild chronic inflammation involving the lamina propria. Lymphoid aggregate formation is seen. A significant acute inflammatory component is not identified. There is preservation of the crypt architecture for the most part with only minimal changes noted near the superficial aspects. Pseudomembranous colitis, cryptitis, crypt abscess formation, granulomata, diagnostic ischemic colitis, microscopic (lymphocytic) colitis, collagenous colitis, and ulceration are not identified. The findings are nonspecific. A malignant component is not identified.

YH:clw

D: 07/31/01    T: 07/31/01

\* PAGE 1 CONTINUED... \*

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United Regional Health  
Care System



1600 11th Street Wichita Falls, TX 76301-4388 (940) 764-7000

CLINICAL LABORATORY REPORT

FINANCIAL #: 00011324092  
AGE: 39 YRS SEX: M  
ADMITTING DR:  
RESIDENTS  
INPATIENT

HEMATOLOGY

DATE COLL 08/03/01 08/02/01 08/01/01 07/30/01 07/29/01  
TIME COLL 0455 0415 0510 0405 0445

UNITS REF RANGE

-----CELL COUNT-----  
WBC 18.0H 12.8H 12.7H 11.4H 12.6H  
CORRECTED WBC 17.8Hf  
RBC 3.14L 3.35L 3.35L 3.45L 3.37L  
HGB 11.1L 11.6L 11.7L 11.8L 11.6L  
HCT 31.8L 34.0L 34.1L 34.3L 33.2L  
MCV 101.4H 101.5H 101.8H 99.4H 98.4H  
MCH 35.3H 34.8H 34.9H 34.3H 34.3H  
MCHC 34.8 34.3 34.3 34.5 34.8  
PLT 203 180 196 214 191  
RDW 20.5H 20.1H 20.1H 17.1H 16.6H  
MPV 11.1H 10.3 10.2 9.6 9.3  
CORRECTED WBC (08/30/00 -- Current)

K/CMM (4.8-10.8)  
K/CMM  
M/CMM (4.70-6.10)  
GMS/DL (14.0-18.0)  
% (42.0-52.0)  
FL (80.0-94.0)  
PG (27.0-31.0)  
G/DL (33.0-37.0)  
K/CMM (150-400)  
% (11.5-14.5)  
UCMM (7.4-10.4)

WBC CORRECTED DUE TO THE PRESENCE OF NRBC.

-----DIFFERENTIAL-----  
PERFORMED: MANUAL MANUAL MANUAL AUTOMAT MANUAL  
BAND 44H 28H 28H 2 2  
SEG 42 61 64 83H  
LYMPH 2L 5L 5L 11L  
LYMPHOCYTE 12L 11L  
MONO 10H 6 3 4  
MONOCYTE 8 11H  
NEUTROPHIL 80H 79H  
EOSINOPHIL 0L 0L  
BASOPHIL 0 0  
META 1H  
MYELO 1H  
NRBC 1H  
ANISO 2+\* 1+\*  
POLYORR 1+\* 1+\* 1+\*  
HYPOCHRO 1+\* 1+\* 1+\*  
MACROCYTE 1+\* 1+\* 1+\*

% (1-7)  
% (42-78)  
% (21-51)  
% (20-50)  
% (2-9)  
% (2-9)  
% (42-78)  
% (1-5)  
% (0-1)  
% (0-0)  
%

Footnotes

L = Low, H = High, \* = Abnormal, f = Footnote

Section Index: HEMATOLOGY

PATIENT: CARDWELL, JOHN W  
MEDICAL RECORD #: (0000)36-24-04

DATE/TIME: 08/03/01 2201  
PAGE: 1 ROOM: SCCU-08

DISCARD AFTER NEXT CUM CUMULATIVE REPORT continued on next page...

United Regional Health  
Care System
 FINANCIAL #: 00011324092  
 AGE: 39 YRS SEX: M  
 ADMITTING DR:  
 RESIDENTS  
 INPATIENT

1600 11th Street Wichita Falls, TX 76301-4388 (940) 764-7000

## CLINICAL LABORATORY REPORT

## CHEMISTRY

-----SURVEY 14-----

TEST		SODIUM	POTASSIUM	CHLORIDE	CO2	GLUCOSE	BUN
REF RANGE		135-153	3.5-5.3	101-111	22-30	70-110	5-25
UNITS		MEQ/L	MEQ/L	MEQ/L	MEQ/L	MG/DL	MG/DL
08/03/01	0455	145	5.1	114 H	23	262 H	32 H
08/02/01	0415	148	4.0	115 H	25	244 H	23
08/01/01	0510	150	3.9	119 H	25	180 H	22
07/30/01	0405	145	4.0	116 H	25	143 H	27 H
07/29/01	0445	146	4.4	114 H	23	151 H	31 H

TEST		CREATININE	TOT PROT	ALBUMIN	ALK PHOS	T BIL	AST	ALT
REF RANGE		0.5-1.5	5.9-8.3	3.2-5.5	36-92	0.0-1.4	8-40	8-53
UNITS		MG/DL	GM/DL	GM/DL	U/L	MG/DL	U/L	U/L
08/03/01	0455	1.1	7.4	1.2 Cf	304 H	10.1 H	170 H	92 H
08/02/01	0415	0.8	7.7	1.3 Cf	314 H	11.0 H	164 H	94 H
08/01/01	0510	0.9	7.8	1.7 L	355 H	13.3 H	174 H	91 H
07/30/01	0405	0.8	7.9	1.7 L	392 H	12.9 H	231 H	106 H
07/29/01	0445	1.0	7.2	1.8 L	379 H	11.5 H	224 H	101 H

ALBUMIN..... 08/03/01 0455 RESULT(S) CALLED TO F. LEE 08/03/01 06:47 BY BGH.

ALBUMIN..... 08/02/01 0415 REPEATED TO VERIFY RESULT, REPEAT RESULT = 1.3  
CALLED RESULT TO: MELISSA TREJO 08/02/01 07:47 JS

T BIL..... 07/29/01 0445 RESULT REPEATED AND CONFIRMED BY DILUTION.

TEST		CALCIUM	MG
REF RANGE		8.0-10.4	1.7-2.7
UNITS		MG/DL	MG/DL
08/03/01	0455	8.6	2.1
08/02/01	0415	8.7	2.1
08/01/01	0510	8.5	2.2
07/30/01	0405	8.2	2.2
07/29/01	0445	7.9 L	2.1

## Footnotes

L = Low, H = High, C = Critical, f = Footnote

Section Index: CHEMISTRY

PATIENT: CARDWELL, JOHN W.  
MEDICAL RECORD #: (0000)36-24-04DATE/TIME: 08/03/01 2201  
PAGE: 2 ROOM: SCCU-08

DISCARD AFTER NEXT CUM CUMULATIVE REPORT continued on next page...

United Regional Health  
Care System
 FINANCIAL #: 00011324092  
 AGE: 39 YRS SEX: M  
 ADMITTING DR:  
 RESIDENTS  
 INPATIENT

1600 11th Street Wichita Falls, TX 76301-4388 (940) 764-7000

## CLINICAL LABORATORY REPORT

## CHEMISTRY

## -----CHEMISTRY PROFILE-----

TEST	PHOS	URIC ACID
REF RANGE	2.4-4.7	3.4-7.0
UNITS	MG/DL	MG/DL
08/03/01 0455	4.9 H	
08/02/01 0415	3.4	
08/01/01 0510	2.4	1.5 L
07/30/01 0405	4.3	
07/29/01 0445	4.1	

## -----ROUTINE CHEMISTRY-----

TEST	AMMONIA, ARTERIA	AMYLASE	LIPASE
REF RANGE	10-35	10-130	7-60
UNITS	umol/L	U/L	IU/L
08/03/01 0455	81 Hf		
08/01/01 0802	92 Hf		
08/01/01 0510		38	28
07/29/01 0445	86 Hf		

AMMONIA, ARTERIA (03/06/01 -- Current)

Samples for ammonia determination are extremely labile. Optimal sample collection requires the sample to be placed on ice immediately, centrifuged as soon as possible for 10 minutes, and analyzed within 30 minutes. Samples should not be frozen. Results from samples not collected, processed, and analyzed in this manner should be interpreted with caution.

## -----LIPID PROFILE-----

TEST	TRIG
REF RANGE	10-210
UNITS	MG/DL
08/01/01 0510	333 H

## Footnotes

L = Low, H = High, f = Footnote

## Section Index:

## CHEMISTRY

 PATIENT: CARDWELL, JOHN W  
 MEDICAL RECORD #: 0000036-24-04

 DATE/TIME: 08/03/01 2201  
 PAGE: 3 ROOM: SCCU-08

DISCARD AFTER NEXT CUMULATIVE REPORT continued on next page...

United Regional Health  
Care System



FINANCIAL #: 00011324092  
AGE: 39 YRS SEX: M  
ADMITTING DR:  
RESIDENTS  
INPATIENT

1600 11th Street Wichita Falls, TX 76301-4388 (940) 764-7000

CLINICAL LABORATORY REPORT

CHEMISTRY

-----LIVER PROFILE-----

TEST	DIRECT BILI
REF RANGE	0.0-0.3
UNITS	MG/DL
08/03/01 0455	6.6 H
08/01/01 0510	7.6 H

COAGULATION

TEST	PROTIME	AVG PT CONTROL	INR	PTT	AVG PTT CONT
REF RANGE	10.5-12.5			20.0-40.0	
UNITS	SEC	SEC		SEC	SEC
08/03/01 0455	14.8 Hf	11.8	1.44		
07/31/01 0454	13.9 Hf	11.8	1.28	24.0 f	27.9

PROTIME (01/31/00 -- Current)

CONDITION	RECOMMENDED INR
PREVENTION OF DVT	2.0-3.0
TREATMENT OF DVT	2.0-3.0
ACUTE MI	
PREVENTION OF STROKE	2.0-3.0
PREVENTION OF RECURRENT MI	3.0-4.5
REDUCTION OF MORTALITY	3.0-4.5
ATRIAL FIBRILLATION	
PREVENTION OF SYSTEMATIC EMBOLISM	2.0-3.0
CARDIAC VALVE REPLACEMENT	
TISSUE VALVES	2.0-3.0
MECHANICAL VALVES	2.5-3.5

ADAPTED FROM HIRSH, ET AL: CHEST 1992;102;312S-326S.

PTT (05/05/99 -- Current)

A commonly recommended therapeutic range is a PTT ratio of 1.5 to 2.5 times the control value. Based on a dose of 0.20 U/ml to 0.40 U/ml observed correlation (CV=8.5%) with current use heparin lots has been acceptable. For details of heparin response curves, please contact the Coagulation Department of the Laboratory.

Footnotes

H = High, f = Footnote

Section Index:

CHEMISTRY

COAGULATION

PATIENT: CARDWELL, JOHN W  
MEDICAL RECORD #: (0000)36-24-04

DATE/TIME: 08/03/01 2201  
PAGE: 4 ROOM: SECU-08

DISCARD AFTER NEXT CUM CUMULATIVE REPORT continued on next page...



United Regional Health  
Care System



1600 11th Street Wichita Falls, TX 76301-4388 (940) 764-7000

CLINICAL LABORATORY REPORT

FINANCIAL #: 00011324092  
AGE: 39 YRS SEX: M  
ADMITTING DR:  
RESIDENTS  
INPATIENT

BLOOD CULTURES

BLOOD CULTURE  
Source: BLOOD

Accession: 11-01-212-0170

Coll Date/Time: 07/31/01 0810  
Recd Date/Time: 07/31/01 0909  
Proc Date/Time: 07/31/01 0935

PRELIMINARY REPORT

08/02/01 0812

NO GROWTH AT 2 DAYS

BLOOD CULTURE  
Source: BLOOD

Accession: 11-01-212-0169

Coll Date/Time: 07/31/01 0730  
Recd Date/Time: 07/31/01 0816  
Proc Date/Time: 07/31/01 0822

PRELIMINARY REPORT

08/02/01 0812

NO GROWTH AT 2 DAYS

GENITAL CULTURES

GRAM STAIN  
Source: PENIS

Accession: 11-01-211-0839

Coll Date/Time: 07/30/01 1440  
Recd Date/Time: 07/30/01 1556  
Proc Date/Time: 07/30/01 1556

07/30/01 1654

FEW LEUKOCYTES  
RARE EPITHELIAL CELLS  
RARE GRAM NEGATIVE RODS

Section Index: BLOOD CULTURES GENITAL CULTURE

PATIENT: CARDWELL, JOHN W  
MEDICAL RECORD #: (0000)36-24-04

DATE/TIME: 08/03/01 2201  
PAGE: 5 ROOM: SCCU-08

DISCARD AFTER NEXT CUM CUMULATIVE REPORT continued on next page...

United Regional Health  
Care System



1600 11th Street Wichita Falls, TX 76301-4388 (940) 764-7000

CLINICAL LABORATORY REPORT

FINANCIAL #: 00011324092  
AGE: 39 YRS SEX: M  
ADMITTING DR:  
RESIDENTS  
INPATIENT

GENITAL CULTURES

GENITAL CULTURE  
Source: PENIS

Accession: 11-01-211-0838

Coll Date/Time: 07/30/01 1440  
Recd Date/Time: 07/30/01 1633  
Proc Date/Time: 07/30/01 1640

FINAL REPORT

08/01/01 0805

ABUNDANT PSEUDOMONAS AERUGINOSA

-----SUSCEPTIBILITY TESTING----- (LESS EXPENSIVE ANTIMICROBIALS LISTED FIRST)

P AERUGI	MIC	INTERP	MOST COMMON BRAND NAME(S)
TRIMETH/SULFA	>2/38		BACTRIM, SEPTRA
TETRACYCLINE			ACHROMYCIN
GENTAMICIN	4	S	GARAMYCIN
NITROFURANTOIN			MACROBID, MACRODANTIN
NORFLOXACIN			NOROXIN
CIPROFLOXACIN	<1	S	CIPRO
OFLOXACIN	<2	S	
TOBRAMYCIN	<1	S	NEBCIN
CHLORAMPHENICOL			CHLOROMYCETIN
CEFUROXIME			ZINACEF, CEFTIN
AMIKACIN	8	S	AMIKIN
CEFOTAXIME	16	I	CLAFORAN
TICARCILLIN	16	S	TICAR
CEFTAZIDIME	<2	S	FORTAZ
PIPERACILLIN	<8	S	PIPRACIL
CEFTRIAXONE	32	I	ROCEPHIN
TICAR K CLAVUL	16	S	TIMENTIN
MEZLOCILLIN	16	S	MEZLIN
AZTREONAM	<8	S	AZACTAM
IMIPENEM	<1	S	CILASTIN, PRIMAXIN

TESTING WAS PERFORMED BY THE FOLLOWING LABORATORIES:

URHCS 8TH STREET

WICHITA FALLS, TX 76301

07/31/01 0730 C BLOOD (BLOOD CULTURE)  
07/31/01 0810 C BLOOD (BLOOD CULTURE)  
07/30/01 1440 C GENITAL (GENITAL)  
07/30/01 1440 G GENITAL (GRAM STAIN)

Section Index:

GENITAL CULTURE REFERENCE LABS

PATIENT: CARDWELL, JOHN W  
MEDICAL RECORD #: (0000)36-24-04

DATE/TIME: 08/03/01 2201  
PAGE: 6 ROOM: SCCU-08

DISCARD AFTER NEXT CUM

CUMULATIVE REPORT

continued on next page...

6-21



United Regional Health  
Care System



FINANCIAL #: 00011324092  
AGE: 39 YRS SEX: M  
ADMITTING DR:  
RESIDENTS  
INPATIENT

1600 11th Street Wichita Falls, TX 76301-4388 (940) 764-7000

C L I N I C A L   L A B O R A T O R Y   R E P O R T

CANCELLED ORDERS

TEST	DATE/TIME SCHEDULED	REASON CANCELLED	CANCEL ID
LIVER PAN	08/03/01 0500	DUPLICATE	
LIVER PAN	08/01/01 0500	DUPLICATE	

Section Index:

CANCELLED ORDER

PATIENT: CARDWELL, JOHN W.  
MEDICAL RECORD #: (0000) 36-24-04

DATE/TIME: 08/03/01 2201  
PAGE: 7 ROOM: SCCU-08

DISCARD AFTER NEXT CUM CUMULATIVE REPORT \*\*\*END OF REPORT\*\*\*

BR3325KI  
99.13

United Regional Health Care System  
Clinical Repository Results

8/04/01 5:11:21

Page: 1

Patient: 00011324092 CARDWELL, JOHN W  
Location: SCCU SCCU 08 Medical Record#: 36-24-04

Age: 39 Years Sex: M

```
=====
                                8/04/2001
                                4:45      Units      Expected
                                           Range

CBC
WBC COUNT                AM      23.2 H   K/CMM      4.8-10.8
RED BLOOD CELL COUNT     AM      2.85 L   M/CMM      4.70-6.10
HEMOGLOBIN                AM      10.0 L   GMS/DL     14.0-18.0
HEMATOCRIT                AM      29.3 L   %          42.0-52.0
MCV                        AM      102.9 H  FL         80.0-94.0
MCH                        AM      35.0 H   PG         27.0-31.0
MCHC                      AM      34.1     G/DL       33.0-37.0
PLATELET COUNT            AM      201     K/CMM      150-400
MEAN PLATELET VOLUME      AM      10.6 H   UCMM       7.4-10.4
RED CELL DISTRIBUTION WIDTH AM      20.0 H   %          11.5-14.5
=====
```

\*\* END OF LISTING \*\* URHCS - 1600 11TH STREET, WICHITA FALLS, TX 76301

CR3325KI  
99.13United Regional Health Care System  
Clinical Repository Results

8/04/01 5:57:26

Page: 1

Patient: 00011324092 CARDWELL, JOHN W  
Location: SCCU SCCU 08 Medical Record#: 36-24-04

Age: 39 Years Sex: M

```

=====
                        8/04/2001      Expected
                        4:45      Units  Range
=====
SURVEY 14:
SODIUM, SERUM      AM      143      MEQ/L 135-153
POTASSIUM, SERUM   AM      4.8      MEQ/L 3.5-5.3
CHLORIDE, SERUM    AM      110     MEQ/L 101-111
CO2                AM      21 L    MEQ/L 22-30
GLUCOSE, RANDOM    AM      203 H   MG/DL 70-110
BLOOD UREA NITROGEN AM      55 H   MG/DL 5-25
CREATININE, SERUM  AM      2.0 H   MG/DL 0.5-1.5
TOTAL PROTEIN      AM      7.2     GM/DL 5.9-8.3
ALBUMIN            AM      1.7 L   GM/DL 3.2-5.5
BILIRUBIN, TOTAL   AM      13.4 H  MG/DL 0.0-1.4
ALKALINE PHOSPHATASE AM      350 H   U/L    36-92
AST (SGOT)         AM      200 H   U/L    8-40
ALT (SGPT)         AM      84 H    U/L    8-53
CALCIUM            AM      8.8     MG/DL 8.0-10.4
PHOSPHORUS, SERUM      AM      6.4 H   MG/DL 2.4-4.7
MAGNESIUM, SERUM      AM      2.3     MG/DL 1.7-2.7
=====

```

\*\* END OF LISTING \*\* URHCS - 1600 11TH STREET, WICHITA FALLS, TX 76301

CR3325KI  
99.13United Regional Health Care System  
Clinical Repository Results

8/04/01 7:01:33

Patient: 00011324092 CARDWELL, JOHN W  
Location: SCCU SCCU 08 Medical Record#: 36-24-04Page: 1  
Age: 39 Years Sex: M

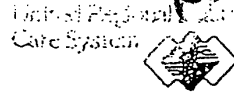
```

=====
                        8/04/2001      Expected
                        4:45      Units      Range
=====
CBC
WBC COUNT                23.2 H   K/CMM      4.8-10.8
RED BLOOD CELL COUNT     2.85 L   M/CMM      4.70-6.10
HEMOGLOBIN               10.0 L   GMS/DL     14.0-18.0
HEMATOCRIT               29.3 L   %          42.0-52.0
MCV                      102.9 H   FL         80.0-94.0
MCH                       35.0 H   PG         27.0-31.0
MCHC                      34.1     G/DL       33.0-37.0
PLATELET COUNT           201     K/CMM      150-400
MEAN PLATELET VOLUME     10.6 H   UCMM       7.4-10.4
RED CELL DISTRIBUTION WIDTH 20.0 H   %          11.5-14.5
SEGMENTED NEUTROPHILS    AM        31 L   %          42-78
BANDS                     AM        51 H   %          1-7
LYMPHOCYTES              AM        2 L   %          21-51
MONOCYTES                AM        5     %          2-9
JUVENILES                AM        3 H   %          0-0
MYELOCYTE                AM        5 H   %          0-0
PROMYELOCYTE             AM        3 H   %          0-0
PERFORMED                AM        MANUAL
WBC ESTIMATE             AM        20+ *
PLATELET ESTIMATE        AM        8-12
NUCLEATED RBCS           AM        11 H   %          0-0
ANISOCYTOSIS            AM        2+ *
MACROCYTES               AM        1+ *

```

\*\* END OF LISTING \*\* URHCS - 1600 11TH STREET, WICHITA FALLS, TX 76301

6-25



36-24-04 [N] 11TH

CARDWELL, JOHN W  
SZCZERBA, ARTHUR J 9061 ADM 7/16/01  
DOB 9/01/61 039Y M  
00011324092

# INTRAVENOUS RECORD

FORM NO. 1331/47 REV. (7/87)

NEEDLELESS SYSTEM USED FOR ALL IVs

Date	No. Fluid	Time		Rate	Type and Amt. of Fluid	Medications Added	Dropping	Tubing	Extension Tubing	Ivac	Site Description	Signature
		Start	Stop									
8/3	0000				Norcuron 20-1/100							Cushing
8/4	0010				Norcuron 20mg in 100ccs							JAL/KAL

## Venipunctures

Date	Time	Description of Needle	Placement	Hep Loc	DOA	Comment	IV Start Pack Used	Signature

Patient Name At The Bottom

INTRAVENOUS RECORD

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C-26

36-24-04 IN

11TH

CARDWELL JOHN W

SZCZERBA ARTHUR J 9061

DOB: 9/01/61

039Y

ADM: 7/16/01

00011324092

M

## INTRA VENOUS RECORD

FORM NO. 4331/47 REV. (7/97)

UNITED REGIONAL HEALTH CARE SYSTEM  
NEEDLESS SYSTEM USED FOR ALL IV'S

Date	No. Fluid	Time		Rate	Type and Amt. of Fluid	Medications Added	Dressing	Tubing	Extension Tubing	Iloc	Site Description	Signature
		Start	Stop									
7/31/01		2350		15	Diprivan 100cc							K. J. [Signature] RN
8/1/01		0600		15	Diprivan 100cc			A				K. J. [Signature] RN
8/1/01		0900		10	Nocuron 20mg in 100cc NS							MT [Signature]
8/1/01		1200		15	Diprivan Premix 100cc							MT [Signature]
		1800		15	Diprivan 100cc			A				MT [Signature]
8/1/01		1900		40	NS 1000cc							

## Venipunctures

Date	Time	Description of Needle	Placement	Map Loc	DO#	Comment	IV Start Pack Used	Signature

Patient Name At The Bottom.

INTRA VENOUS RECORD

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6-27

McGill/Smith/SCardwell#924

36-24-04 [N]



11TH

CARDWELL JOHN W

SZOZERBA, ARTHUR J. 9061 ADM 7/16/01

DOB: 9/01/61 039Y

00011324092

M

UNITED REGIONAL HEALTH CARE SYSTEM

## INTRA VENOUS RECORD

FORM NO. 8331/47 REV. (7/97)

NEEDLESS SYSTEM USED FOR ALL IV's

Date	No. Fluid	Time		Rate	Type and Amt. of Fluid	Medications Added	Dressing	Tubing	Extension Tubing	Ivac	Site Description	Signature
		Start	Stop									
8/1/16				10	Norcuan 20mg in 100cc NS							MTrejo
8/2				10	Norcuan 20mg in 100cc NS							JH
8/2				1000	Diprivan 100cc							JH
				1200	Diprivan 100cc							MTrejo
8/2/16				1300	Norcuan 20mg in 100cc NS							MTrejo
8/2				2000	Diprivan 100cc							Culver

## Venipunctures

Date	Time	Description of Needle	Placement	Hep Loc	DOH	Comment	IV Start Pack Used	Signature

Patient Name At The Bottom.

INTRA VENOUS RECORD

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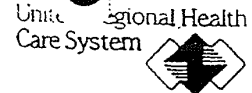
6-27

McGill/SCardwell#985



United Regional Health Care Sys- 11th St  
PHONE: 817-720-0211 FAX: 817-720-0877

Wichita Falls, Texas



--- DUPLICATE LABEL ---

Patient Id: 352404  
Name: CARDWELL, JOHN W.  
Loc: CCU-08

Bag Id: 0001

Order Volume: 2000ml

Order Number: 16  
Compound Volume: 2000 ml

Hepatasol 8% 3.200%  
Dextrose 70% 21.000%

--Additives--

POTASSIUM PHOSPHATE	✓ 10.00	mg/Liter
CALCIUM GLUCONATE	✓ 2.00	mg/Liter
MAGNESIUM SULFATE	✓ 3.00	mg/Liter
HEPARIN, SODIUM	✓ 1000.0	unit/Liter
MULTI-VIT (MVI-12)	✓ 10.00	ml
MTE-S (CONCENTRATE)	✓ 3.00	ml
VIT-K (PHYTONADIONE)	✓ 1.00	mg
POTASSIUM ACETATE	✓ 22.00	mg/Liter

Prep. By: CR Date 08-03-01 Time 15:13:  
Solution Expires at 19:13 on 08-05-01  
Delivery Time To Patient: 08-03-01 2000

Primary Set	Extension	Filter	IVAC Tubing	IVAC	Flow	Change	Description	Signature
<p><b>MEDICATION ADDED</b></p> <p>PATIENT: <u>Cardwell, John W.</u>            DRUG: <u>hep dext</u>            AMOUNT: <u>2a</u>            ADDED BY: <u>CR</u> BASE SOL'N <u>CR</u>            DATE: <u>8/3</u> TIME: <u>15:13</u>            START TIME: <u>DATE</u> FLOW RATE: <u>DATE</u>            EXR DATE: <u>DATE</u>            THIS LABEL MUST BE AFFIXED TO ALL INFUSION            FLUIDS CONTAINING ADDITIONAL MEDICATION.</p>								
<p style="text-align: center;">Place TPN Label Here</p>								

CPN, HANG BY 2000, FILTER SIZE (MICRON): 0.2  
!!!! DRUGS RULE: HANG CPN BY 2000 EACH DAY !!!!!

FORM NO. 8331/45 (10/97)

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United Regional Health Care Sys- 11th St  
 PHONE: 817-720-0211 FAX: 817-720-0877  
 Wichita Falls, Texas

--- DUPLICATE LABEL ---

Patient Id: 362404 Bag Id: 0001  
 Name: CARDWELL, JOHN W.  
 Loc: CCU-08

Order Volume: 2000ml Order Number: 14  
 Compound Volume: 2000 ml

Hepatasol 8% - 3.200% ✓  
 Dextrose 70% - 21.000%

--Additives--	--Dose--
POTASSIUM PHOSPHATE	20.00 mEq/liter
CALCIUM GLUCONATE	3.00 mEq/liter
MAGNESIUM SULFATE	3.00 mEq/liter
HEPARIN, SODIUM	1000.0 unit/liter
MULTI-VIT (MVI-12)	10.00 ml
MTE-S (CONCENTRATE)	3.00 ml
VIT-K (PHYTONADIONE)	1.00 mg
POTASSIUM ACETATE	22.00 mEq/liter

Prep. By: *KL* Date 08-01-01 Time 16:04:54  
 Solution Expires at 20:04 on 08-03-01  
 Delivery Time To Patient: 08-01-01 2000

MEDICATION ADDED	
PATIENT	CARDWELL, J
DRUG	HEPATALIN
AMOUNT	4.0 UNITS
ADDED BY	BASE SOLN
DATE	8/1/01
TIME	2:03
START TIME	DATE
FLOW RATE	
EXP. DATE	
THIS LABEL MUST BE AFFIXED TO ALL INFUSION FLUIDS CONTAINING ADDITIONAL MEDICATION.	

CPN. HANG BY 2000. FILTER SIZE (MICRON): 0.2  
 !!!!! URHCS RULE: HANG CPN BY 2000 EACH DAY !!!!!

United Regional Health Care Sys- 11th St  
 PHONE: 817-720-0211 FAX: 817-720-0877  
 Wichita Falls, Texas

--- DUPLICATE LABEL ---

Patient Id: 362404 Bag Id: 0001  
 Name: CARDWELL, JOHN W.  
 Loc: CCU-08

Order Volume: 2000ml Order Number: 15  
 Compound Volume: 2000 ml

Hepatasol 8% - 3.200% ✓  
 Dextrose 70% - 21.000% ✓

--Additives--	--Dose--
POTASSIUM PHOSPHATE	20.00 mEq/liter
CALCIUM GLUCONATE	3.00 mEq/liter
MAGNESIUM SULFATE	3.00 mEq/liter
HEPARIN, SODIUM	1000.0 unit/liter
MULTI-VIT (MVI-12)	10.00 ml
MTE-S (CONCENTRATE)	3.00 ml
VIT-K (PHYTONADIONE)	1.00 mg
POTASSIUM ACETATE	22.00 mEq/liter

Prep. By: *LS* Date 08-02-01 Time 15:47:36  
 Solution Expires at 19:47 on 08-04-01  
 Delivery Time To Patient: 08-02-01 2000

MEDICATION ADDED	
PATIENT	CARDWELL, J
DRUG	HEPATALIN
AMOUNT	4.0 UNITS
ADDED BY	BASE SOLN
DATE	8/1/01
TIME	2:03
START TIME	DATE
FLOW RATE	
EXP. DATE	
THIS LABEL MUST BE AFFIXED TO ALL INFUSION FLUIDS CONTAINING ADDITIONAL MEDICATION.	

CPN. HANG BY 2000. FILTER SIZE (MICRON): 0.2  
 !!!!! URHCS RULE: HANG CPN BY 2000 EACH DAY !!!!!  
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6-29

UNITED REGIONAL HEALTH CARE SYSTEM

36-24-04 [N]

11TH

CARDWELL JOHN W.

SZCZERBA ARTHUR J.

DOB 9/01/61 039Y 9061

00011324092 M

ADM 7/16/01

PATIENT LABEL

United Regional Health  
Care SystemMEDICATION ADMINISTRATION RECORD  
SCHEDULED MEDICATIONS

Form # 6010/01 (Rev. 7/99)

DIAGNOSIS/ SURGERIES		ALLERGIES		HOURS															
				7/26	7/27	7/28	7/29	7/30	7/31	8/1	8/2	8/3	8/4	8/5	8/6	8/7	8/8		
START 7/17	Protonix 40mg IV PB	09		X	SD	CF	CF	CF	AME	MT	MT	AME	AME						
DC	qd			X	X	X	X	X	X	X	X	X	X						
START 7/20	880g 60% CON 55% H <sub>2</sub> O	00																	
DC	150-200-34 251-300-94 201-250-64 301-350-124 # >350 call H.D.	06																	
START 7/22	Lactulose 30 gm	00		X	X	X	X	X	X	X	X	X	X						
DC	45cc per H.D.T	06		X	X	X	X	X	X	X	X	X	X						
START 7/23	Vancomycin 250 mg	06		Je	SD	CF	CF	CF	KAG	KAG	GA								
DC	per N.B. q 8	14		Je	SD	CF	CF	CF	KAG	KAG	GA								
START	Flagyl 500mg per	00		Je	SD	CF	CF	CF											
DC	N.B. q 8	06		Je	SD	CF	CF	CF											
START 7/25	Lactulose 30gm 45cc	00		Je	SD	CF	CF	CF	KAG	KAG	GA	CW	GA						
DC	↓ NGT q 4	04		Je	SD	CF	CF	CF	KAG	KAG	GA	CW	GA						
START	continued	08		X	SD	CF	CF	CF	AME	MT	MT	AME	AME						
DC		12		X	SD	CF	CF	CF	AME	MT	MT	AME	AME						
START 7/2	L Carnitor 330mg	06		Je	SD	CF	CF	CF											
DC	TID ↓ NGT	14		Je	SD	CF	CF	CF											
START 7/28	Flagyl 500g per N.B.	06		X	X	X	X	X	KAG	KAG	GA	CW	CW						
DC	TID	14		X	X	X	X	X	KAG	KAG	GA	CW	CW						
START 7/30	L. Carnitor 660mg	06		X	X	X	X	X	KAG	KAG	GA								
DC	TID per N.B. daily	14		X	X	X	X	X	KAG	KAG	GA								
START	Total 480mg (day) 160	22		X	X	X	X	X	KAG	KAG	GA								
DATE	SIGNATURE KEY	INIT	DATE	SIGNATURE KEY	INIT														
7/24	mommy	mon	7/24	mommy	mon														
8/1	mommy	mon	8/1	mommy	mon														
7/25	mommy	mon	7/25	mommy	mon														
7/27	mommy	mon	7/27	mommy	mon														
7/28	mommy	mon	7/28	mommy	mon														
7/30	mommy	mon	7/30	mommy	mon														
SITE CODES						Anterior Thigh		Posterior Gluteal		Deltoid		Ventre Gluteal							
						Right = A		Right = C		Right = E		Right = G							
						Left = B		Left = D		Left = F		Left = H							

☐ CONTINUED ON BACK


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 # of Forms  
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36-24-04 [N]

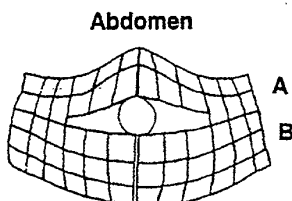
CARDWELL, JOHN W  
SZCZERBA, ARTHUR J 9061 ADM 7/16/01  
DOB 9/01/61 039Y  
00011324092 M  
HEALTH CARE SYSTEM

United Regional Health  
Care System **DIABETIC RECORD**

FORM NO. 8331/38 (10/97)

[illegible]

**FRONT**

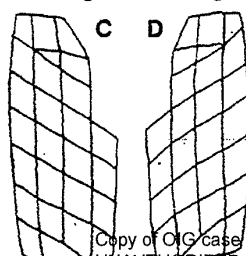


## Abdomen

A

**R Leg**

**L Leg**



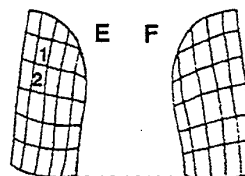
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**BACK**

## R Arm

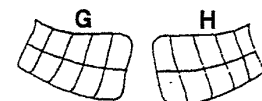
**L Arm**



### Above Waist

C

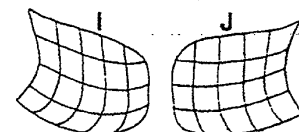
**F**



### Below Waist

1

2



6-32



ADDRESSOGRAPH

36-24-04 [N]

11TH

CARDWELL, JOHN W

SZCZERBA, ARTHUR J 9061 ADM 7/16/01

DOB 9/01/61 039Y

00011324092

M

UNITED REGIONAL HEALTH CARE SYSTEM

United Regional Health  
Care System

DIABETIC RECORD

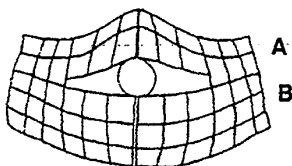
FORM NO. 8331/38 (10/97)

DATE	TIME	INSULIN OR OTHER MEDICATION	SITE/ROUTE	FSBS	COMMENTS	SIGNATURE / TITLE
8/1/01	1200	6u Reg Ins	SQ	205		MTrejo RN
		6u Reg Ins		204		MTrejo RN
8/2	0010	6 units Reg Ins		249		JH/Kg RN
8/2	0715	6 units Reg Ins		219		JH/Kg RN
8/2/01	1200	6u Reg Ins	SQ	213		MTrejo RN
8/2/01	1800	6u Reg Ins	SQ	227		MTrejo RN
8/3	0000	6u Reg Ins	SQ	228		Chester
8/3	0600	6u Reg Ins	SQ	241		Chester
	1200	6 reg Ins		216		
	1800	6 reg Ins		235		
8/4	0005	6 units Reg Insulin		215	skin w/p	JH/Kg RN
8/4	0900	3 units Regular insulin		196		Bheer RN
NORMAL RANGE BLOOD SUGAR RESULTS = 60 - 130 mg/dl						

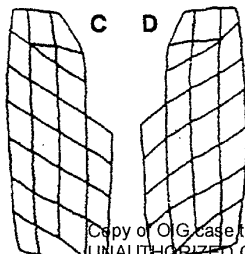


FRONT

Abdomen

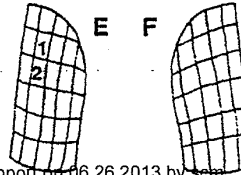


R Leg L Leg

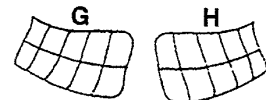


BACK

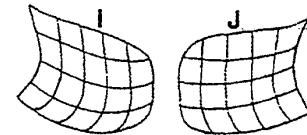
R Arm L Arm



Above Waist



Below Waist

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DIABETIC RECORD

6-33

ADDRESSOGRAPH

UNITED REGIONAL HEALTH CARE SYSTEM

36-24-04 [N]

CARDWELL, JOHN W  
 SZCZERBA, ARTHUR J 9061 ADM 7/16/01  
 DOB: 9/01/61 039Y M  
 00011324092

 United Regional Health  
 Care System


DIABETIC RECORD

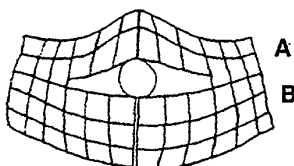
FORM NO. 8331/38 (10/97)

DATE	TIME	INSULIN OR OTHER MEDICATION	SITE/ROUTE	FSBS	COMMENTS	SIGNATURE/TITLE
7/29	1200	<i>[initials]</i>		125		<i>[Signature]</i>
	1800	<i>[initials]</i>		142		<i>[Signature]</i>
7/30	0030	<i>[initials]</i>		135	slow w/o	<i>[Signature]</i>
7/30	0640	<i>[initials]</i>		128		<i>[Signature]</i>
7-30-01	1200	—	—	121	skin warm & dry	<i>[Signature]</i>
7-30-01	1800	—	—	135	skin warm & dry	<i>[Signature]</i>
7-31-01	0015	—	—	138	—	<i>[Signature]</i> R.R.
7-31-01	0630	3u Reg. Ins.	Upper arm	167	—	<i>[Signature]</i> R.R.
7/31/01	12	3u Reg H Ins SQ		171		<i>[Signature]</i>
7/31	18	3u Reg H Ins SQ		162		<i>[Signature]</i>
8/1	0015	3u Reg. Ins. S	Upper arm	176	—	<i>[Signature]</i> R.R.
8/1	0630	3u Reg. Ins	Upper arm	200	—	<i>[Signature]</i> R.R.
NORMAL RANGE BLOOD SUGAR RESULTS = 60 - 130 mg/dl						



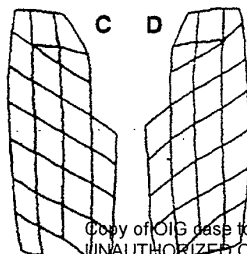
FRONT

Abdomen



R Leg

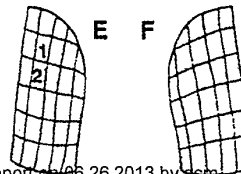
L Leg



BACK

R Arm

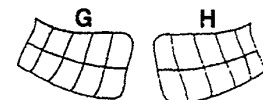
L Arm



Above Waist

G

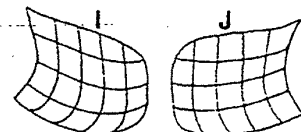
H



Below Waist

I

J


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 DIABETIC RECORD

6-34



1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

906



• • •

## PATIENT CARE RECORD - OBSERVATIONS

## SPECIALTY CARE

Form # 8330/03 (REV. 12/99)

CODE STATUS  
ALLERGIES: \_\_\_\_\_

Form # 8330/03 (REV. 12/99)

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DATE: 8/3/0

**ROOM#**

Scen 8  
6-35

UNITED REGIONAL HEALTH CARE SYSTEM  
11TH

36-24-04

CARDWELL JOHN W  
SZCZERBA ARTHUR J 9061 ADM 7/16/01  
DOB 9/01/61 039Y  
0001132092 MUnited Regional Health  
Care System

Form # 8330/03 (REV. 12/99)

														Previous Wt.: _____ Current Wt.: _____								
														*Residuals are not included in the I & O unless discarded								
														† Indicate with 'V' the first void after d/c of Foley								
														\$ Include liquid stool (cc's) in Output								
														INPUT & OUTPUT'S								
	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	TUBE FEEDING	PO	HOURLY SUB TOTAL	RESID*	URINE †	NGT	PT		
07	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE									
08															180 ml NPOs			135				
09																						
10																		75				
11																						
12																		85				
13															200 ml NPOs							
14																		75				
15																						
16																						
17															180			105				
18																						
TOTAL	180	89	116	100											500			445	400	175		
TOTAL 12 INTAKE														2010	TOTAL 12 OUTPUT				1000			
19	NS	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	TUBE FEEDING	PO	HOURLY SUB TOTAL	RESID*	URINE †	NGT			
20																		45				
21															100			75				
22																		60				
23																		30				
00															100			30				
01																		30				
02																		30				
03																		30				
04															80 ml			10				
05																		10				
06																						
TOTAL	230	69	115	96											280			329	100	100		
TOTAL 12 INTAKE														1611	TOTAL 12 OUTPUT				520			
TOTAL 24 INTAKE														3657	TOTAL 24 OUTPUT				520	VARIANCE		2137

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## NURSES NOTES (CONTINUED FROM REVERSE SIDE)

In notes. IV's infusing 5 redress/suelling noted to site, Monitor ST, & ectopy noted. O<sub>2</sub> sat ↓ to mid 90's - vent setting recorded, NG to suction - placement verified by air bolus. - Rectal tube patent - dark amber dig noted. Foley patent 45cc of amber urine noted. ~~ANKP~~ (2130) No change in pt status - IV continue to infuse 5 difficultly - Pt suctioned & turned 2°. ~~ANKP~~ (2250) Monitor ST, & ectopy. O<sub>2</sub> sat remain ↓ 90's - mid 90's. Oral to track suctioned freq. ~~ANKP~~ (0015) No change in pt status. ~~ANKP~~ (0100) Report given to S Ranichek

0100 Bilat coarse crackles & exp wheezes - left lung diminished, high airway pressure alarming on vent. Suctioned copious amt tan secretions from track, very thick. O<sub>2</sub> sat 91-9% prior to suctioning. O<sub>2</sub> sat 90% p suctioning. Rt lung remains diminished - SC  
0130 O<sub>2</sub> sat 89% suctioned track large amt thick secretions Repositioned O<sub>2</sub> sat 92-93%. Diprivan infusing at 6cc/hr. Normon 20mg/100m infusing at 10cc/hr. Diprivan 10.5mg/kg/min. Normon 20mg/100m infusing via pump at 10cc/hr or 2mg/kg/min. CPN infusing at 80me/hr, NS at 20me/o. All IV's to RT TLE, site healthy dressing dry & intact. Pt. edematous over entire body. Redness noted under track ties and tegra in skin folds of neck, tegradem applied to sides of neck. Mouthcare given. abd large & distended Rectal tube drains green fecal material, Foley patent and draining amber urine. Cardiac monitor shows RST 110. NG to suction. Pt. on cooling blanket auto mode - rectal probe intact. 0200. yellow material cleaned from eyes - NS & 2x2, Lacrilube & 2x2's applied. - 0300 turned slightly to left side. SC 0400 hachlase given NG clamped. Eye care. given yellow material cleaned from eyes - NS, conjunctiva is red. Lacrilube & 2x2's applied. 0450 Narfed Dr. Anpro of 5 min output order rec'd - ~~Strickland R 0645~~ 0645 Dr. Kousha here 0700 Dr. Napier here. Assessment unchanged - SC

SEE CONTINUED NURSES' SUMMARY



## UNITED REGIONAL HEALTH CARE SYSTEM

36-24-04 |N|

11TH

CARDWELL, JOHN W

SZCZERBA, ARTHUR J 9061 ADM 7/16/01

DOB 9/01/61 099Y

00011324092 M

Form # 8330/03 (REV. 12/99)

## NURSING INTERVENTIONS

Time	08:15
O2 via	20L
L/M or FIO2	40
CMV/SIMV Rate	12/22
Vt	800
CPAP / PEEP	
PSV	
PCV	
DS	

## NURSING INTERVENTIONS

HOURLY	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05	06
Ambulation																								
Up to Chair																								
Dangle																								
Turn																								
CDB																								
TED Care																								
Bath/Shower																								
Mouth Care																								
Foley Care																								
Trach Care																								
Oral/Naso/Trach/ETT Suctioning																								
Sputum Amount (Sm/Mod/Lg)																								
Consistency (Th = Thick/T =)																								
Color																								
HOB degree																								
Use Core 2. Inactive																								

NGT	IV INSERTION	IV SITE CARE	IABP/A-LINE DC'd	EQUIPMENT
Tube Type	Site	Site	By	IV Pump
Size	Gauge	Patent	Time	Feed Pump
By	By	Drsg Applied	Bleeding	Oximeter
Time	Time	By	Hematoma	Ventilator
Placement 'd	Start Kit Used	Time	Site Clean	Temp Pace
X-Ray	Injection Site		Pressure Drsg	SCD/K Ped
To Suction	# Attempts	Type	CMS adequate	Bard
Clamped	IV DC'd	Site	PA CATHETER DC'd	IABP
Feeding	Site	Drsg Applied	By	Camino
D/C'd Time	Redness	By	Time	Geomatt
FOLEY/STRAIGHT CATH	Bleeding	Time	Ectopy	Hypo/Hyper
Size	Drainage			Thermia Unit
Sterile Tech. Used	Infiltration	Site	Hyperoxygenated	
By	Drsg Applied	By M.D.	Suctioned	
Time	By	Drsg Applied	Extubated by	
D/C'd Time	Time	Time	Time	

## FALL PRECAUTIONS

Initials

## RESTRAINT/M.P.D.

NURSING DIAGNOSIS: POTENTIAL FOR INJURY R/T HIGH RISK FOR FALL	7 a-p	7 p-a	*Requires Further Charting	*Alternative	AM	PM
DESIRED OUTCOME: NO FALLS OR INJURY DURING HOSPITAL STAY						
Stress fall prevention information with Patient and family once per day and PRN			Tube Wandering Fall	*Measures		
Check for Yellow bracelet on Patient once per day			Aggressive/Assaultive	Time Applied		
Check for Yellow symbol on chart and kardex once per day				Type: Wrist		
Check door open & lighting sufficient to visualize Patient q 4 hours and PRN				Vest		
Confirm all side rails up, bed in low position q 4 hours and PRN				4 pt.		
Confirm presence of call light within reach and reinforce use of q 4			✓ Done-Continues	Needs Attended Q 2 hr		
Ensure Patient has slippers with rubber soles for out-of-bed activities				per protocol:		
Provide mandatory assistance to BSC or BR prn. Remain with Patient while up to BSC or BR				*Time Discontinued		
Provide mandatory assistance with ambulation			Report given to next shift			
Apply reminder belt or posey vest when up to chair as indicated						
Apply bed sensor per nurse discretion. Check alarms "on" at all times when Patient in bed						
Offer toileting at HS and PRN						

5

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DATE:

8/3/10

ROOM#

6-39  
00011324092

See Admission Assessment database for initial admitting assessment

ASSESSMENT		AM	PM	ASSESSMENT		AM	PM	ASSESSMENT		AM	PM
MENTAL	Alert		✓	Apical Pulse Regular /Irregular	✓	✓	SURGICAL	Incision #1 Site			
	Cooperative/Uncooperative			Capillary Refill: < 2 sec/>2 sec	✓	✓		Open to Air/Dressing			
	Anxious/Restless/Agitated			Neck Veins: Flat/Distended				Dressing Dry & Intact /Drainage			
	Speech Clear/Slurred			EKG Rhythm	ST	ST		Edges: Approximated /Open*			
PULMONARY	Breath Sounds: Clear	R/L	✓	Lead	11	11	SURGICAL	with: Staples/Sutures/Steri Strips			
	Crackles	R/L	✓	EKG Hi/Lo Alarms On at:	150	150		Redness/Induction/Swelling			
	Wheezes	R/L	✓	Pacer: Temporary/Permanent				Drainage: Sang/Serosang/Sero			
	Rhonchi	R/L	✓	Insertion Depth (cm)				Purulent			
	Diminished	R/L	✓	Transvenous/External				Amount: Sm/Mod/Lrg			
	Absent	R/L	✓	Epicardial Wires				Incision #2 Site			
	Resp. Effort: Regular/Irregular			Pulse Generator On/Off				Open to Air/Dressing			
	Unlabored/Labored			Rate				Dressing Dry & Intact /Drainage			
	Accessory Muscle Use			MA				Edges: Approximated /Open*			
	Symmetrical Chest Expansion			Demand/Asynchronous				with: Staples/Sutures/Steri Strips			
PULMONARY	Denies/Admits SOB or Dyspnea			Leveled with RA			SURGICAL	Redness/Induction/Swelling			
	Cough: Productive/Nonproductive			Zeroed & Calibrated				Drainage: Sang/Serosang/Sero			
	Color			1000 U. Heparin				Purulent			
	Tracheostomy			500 CC. NS Flush				Amount: Sm/Mod/Lrg			
	Cuff up/down			A - Line Site:				Incision #2 Site			
	Tube secured in place			Proper Wave Form				Open to Air/Dressing			
	Ambu at bedside			MAP HI/LO Alarms On at				Dressing Dry & Intact /Drainage			
	ET tube: oral/nasal			Drsg dry & Intact				Edges: Approximated /Open*			
	# cm at teeth/lip			PA Catheter Site:				with: Staples/Sutures/Steri Strips			
	size			Insertion Depth (cm)				Redness/Induction/Swelling			
PULMONARY	CT #1 site:			Proper Waveform			SURGICAL	Drainage: Sang/Serosang/Sero			
	Suction: # cm H <sub>2</sub> O/Gravity			Drsg Dry & Intact				Purulent			
	Bubbling			PA Catheter Site:				Amount: Sm/Mod/Lrg			
	Fluctuation in chamber			Insertion Depth (cm)				Incision #2 Site			
	Crepitus			Proper Waveform				Open to Air/Dressing			
	Drainage: Sang/Serosang/Sero			Drsg Dry & Intact				Dressing Dry & Intact /Drainage			
	Tubing Connections Secure			PA Catheter Site:				Edges: Approximated /Open*			
	CT Dressing Dry & Intact			Insertion Depth (cm)				with: Staples/Sutures/Steri Strips			
	CT #2 site:			Proper Waveform				Redness/Induction/Swelling			
	Suction: # cm H <sub>2</sub> O/Gravity			Drsg Dry & Intact				Drainage: Sang/Serosang/Sero			
PULMONARY	Bubbling			Drsg Dry & Intact			SURGICAL	Purulent			
	Fluctuation in chamber			PA Catheter Site:				Amount: Sm/Mod/Lrg			
	Crepitus			Insertion Depth (cm)				Incision #2 Site			
	Drainage: Sang/Serosang/Sero			Proper Waveform				Open to Air/Dressing			
	Tubing Connections Secure			Drsg Dry & Intact				Dressing Dry & Intact /Drainage			
	CT Dressing Dry & Intact			PA Catheter Site:				Edges: Approximated /Open*			
	CT #3 site:			Insertion Depth (cm)				with: Staples/Sutures/Steri Strips			
	Suction: # cm H <sub>2</sub> O/Gravity			Proper Waveform				Redness/Induction/Swelling			
	Bubbling			Drsg Dry & Intact				Drainage: Sang/Serosang/Sero			
	Fluctuation in chamber			PA Catheter Site:				Purulent			
PULMONARY	Crepitus			Insertion Depth (cm)			SURGICAL	Amount: Sm/Mod/Lrg			
	Drainage: Sang/Serosang/Sero			Proper Waveform				Incision #2 Site			
	Tubing Connections Secure			Drsg Dry & Intact				Open to Air/Dressing			
	CT Dressing Dry & Intact			PA Catheter Site:				Dressing Dry & Intact /Drainage			
	CT #4 site:			Insertion Depth (cm)				Edges: Approximated /Open*			
	Suction: # cm H <sub>2</sub> O/Gravity			Proper Waveform				with: Staples/Sutures/Steri Strips			
	Bubbling			Drsg Dry & Intact				Redness/Induction/Swelling			
	Fluctuation in chamber			PA Catheter Site:				Drainage: Sang/Serosang/Sero			
	Crepitus			Insertion Depth (cm)				Purulent			
	Drainage: Sang/Serosang/Sero			Proper Waveform				Amount: Sm/Mod/Lrg			
PULMONARY	Tubing Connections Secure			Drsg Dry & Intact			SURGICAL	Incision #2 Site			
	CT Dressing Dry & Intact			PA Catheter Site:				Open to Air/Dressing			
	CT #5 site:			Insertion Depth (cm)				Dressing Dry & Intact /Drainage			
	Suction: # cm H <sub>2</sub> O/Gravity			Proper Waveform				Edges: Approximated /Open*			
	Bubbling			Drsg Dry & Intact				with: Staples/Sutures/Steri Strips			
	Fluctuation in chamber			PA Catheter Site:				Redness/Induction/Swelling			
	Crepitus			Insertion Depth (cm)				Drainage: Sang/Serosang/Sero			
	Drainage: Sang/Serosang/Sero			Proper Waveform				Purulent			
	Tubing Connections Secure			Drsg Dry & Intact				Amount: Sm/Mod/Lrg			
	CT Dressing Dry & Intact			PA Catheter Site:				Incision #2 Site			
PULMONARY	CT #6 site:			Insertion Depth (cm)			SURGICAL	Open to Air/Dressing			
	Suction: # cm H <sub>2</sub> O/Gravity			Proper Waveform				Dressing Dry & Intact /Drainage			
	Bubbling			Drsg Dry & Intact				Edges: Approximated /Open*			
	Fluctuation in chamber			PA Catheter Site:				with: Staples/Sutures/Steri Strips			
	Crepitus			Insertion Depth (cm)				Redness/Induction/Swelling			
	Drainage: Sang/Serosang/Sero			Proper Waveform				Drainage: Sang/Serosang/Sero			
	Tubing Connections Secure			Drsg Dry & Intact				Purulent			
	CT Dressing Dry & Intact			PA Catheter Site:				Amount: Sm/Mod/Lrg			
	CT #7 site:			Insertion Depth (cm)				Incision #2 Site			
	Suction: # cm H <sub>2</sub> O/Gravity			Proper Waveform				Open to Air/Dressing			
PULMONARY	Bubbling			Drsg Dry & Intact			SURGICAL	Dressing Dry & Intact /Drainage			
	Fluctuation in chamber			PA Catheter Site:				Edges: Approximated /Open*			
	Crepitus			Insertion Depth (cm)				with: Staples/Sutures/Steri Strips			
	Drainage: Sang/Serosang/Sero			Proper Waveform				Redness/Induction/Swelling			
	Tubing Connections Secure			Drsg Dry & Intact				Drainage: Sang/Serosang/Sero			
	CT Dressing Dry & Intact			PA Catheter Site:				Purulent			
	CT #8 site:			Insertion Depth (cm)				Amount: Sm/Mod/Lrg			
	Suction: # cm H <sub>2</sub> O/Gravity			Proper Waveform				Incision #2 Site			
	Bubbling			Drsg Dry & Intact				Open to Air/Dressing			
	Fluctuation in chamber			PA Catheter Site:				Dressing Dry & Intact /Drainage			
PULMONARY	Crepitus			Insertion Depth (cm)			SURGICAL	Edges: Approximated /Open*			
	Drainage: Sang/Serosang/Sero			Proper Waveform				with: Staples/Sutures/Steri Strips			
	Tubing Connections Secure			Drsg Dry & Intact				Redness/Induction/Swelling			
	CT Dressing Dry & Intact			PA Catheter Site:				Drainage: Sang/Serosang/Sero			
	CT #9 site:			Insertion Depth (cm)				Purulent			
	Suction: # cm H <sub>2</sub> O/Gravity			Proper Waveform				Amount: Sm/Mod/Lrg			
	Bubbling			Drsg Dry & Intact				Incision #2 Site			
	Fluctuation in chamber			PA Catheter Site:				Open to Air/Dressing			
	Crepitus			Insertion Depth (cm)				Dressing Dry & Intact /Drainage			
	Drainage: Sang/Serosang/Sero			Proper Waveform				Edges: Approximated /Open*			
PULMONARY	Tubing Connections Secure			Drsg Dry & Intact			SURGICAL	with: Staples/Sutures/Steri Strips			
	CT Dressing Dry & Intact			PA Catheter Site:				Redness/Induction/Swelling			
	CT #10 site:			Insertion Depth (cm)				Drainage: Sang/Serosang/Sero			
	Suction: # cm H <sub>2</sub> O/Gravity			Proper Waveform				Purulent			
	Bubbling			Drsg Dry & Intact				Amount: Sm/Mod/Lrg			
	Fluctuation in chamber			PA Catheter Site:				Incision #2 Site			
	Crepitus			Insertion Depth (cm)				Open to Air/Dressing			
	Drainage: Sang/Serosang/Sero			Proper Waveform				Dressing Dry & Intact /Drainage			
	Tubing Connections Secure			Drsg Dry & Intact				Edges: Approximated /Open*			
	CT Dressing Dry & Intact			PA Catheter Site:				with: Staples/Sutures/Steri Strips			
PULMONARY	CT #11 site:			Insertion Depth (cm)			SURGICAL	Redness/Induction/Swelling			
	Suction: # cm H <sub>2</sub> O/Gravity			Proper Waveform				Drainage: Sang/Serosang/Sero			
	Bubbling			Drsg Dry & Intact				Purulent			
	Fluctuation in chamber			PA Catheter Site:				Amount: Sm/Mod/Lrg			
	Crepitus			Insertion Depth (cm)				Incision #2 Site			
	Drainage: Sang/Serosang/Sero			Proper Waveform				Open to Air/Dressing			
	Tubing Connections Secure			Drsg Dry & Intact				Dressing Dry & Intact /Drainage			
	CT Dressing Dry & Intact			PA Catheter Site:				Edges: Approximated /Open*			
	CT #12 site:			Insertion Depth (cm)				with: Staples/Sutures/Steri Strips			
	Suction: # cm H <sub>2</sub> O/Gravity			Proper Waveform				Redness/Induction/Swelling			
PULMONARY	Bubbling			Drsg Dry & Intact			SURGICAL	Drainage: Sang/Serosang/Sero			
	Fluctuation in chamber			PA Catheter Site:				Purulent			
	Crepitus			Insertion Depth (cm)				Amount: Sm/Mod/Lrg			
	Drainage: Sang/Serosang/Sero			Proper Waveform				Incision #2 Site			
	Tubing Connections Secure			Drsg Dry & Intact				Open to Air/Dressing			
	CT Dressing Dry & Intact			PA Catheter Site:				Dressing Dry & Intact /Drainage			
	CT #13 site:			Insertion Depth (cm)				Edges: Approximated /Open*			
	Suction: # cm H <sub>2</sub> O/Gravity			Proper Waveform				with: Staples/Sutures/Steri Strips			
	Bubbling			Drsg Dry & Intact				Redness/Induction/Swelling			
	Fluctuation in chamber			PA Catheter Site:				Drainage: Sang/Serosang/Sero			
PULMONARY	Crepitus			Insertion Depth (cm)			SURGICAL	Purulent			
	Drainage: Sang/Serosang/Sero			Proper Waveform				Amount: Sm/Mod/Lrg			
	Tubing Connections Secure			Drsg Dry & Intact				Incision #2 Site			
	CT Dressing Dry & Intact			PA Catheter Site:				Open to Air/Dressing			
	CT #14 site:			Insertion Depth (cm)				Dressing Dry & Intact /Drainage			
	Suction: # cm H <sub>2</sub> O/Gravity			Proper Waveform				Edges: Approximated /Open*			
	Bubbling			Drsg Dry & Intact				with: Staples/Sutures/Steri Strips			
	Fluctuation in chamber			PA Catheter Site:				Redness/Induction/Swelling			
	Crepitus			Insertion Depth (cm)				Drainage: Sang/Serosang/Sero			
	Drainage: Sang/Serosang/Sero			Proper Waveform				Purulent			
PULMONARY	Tubing Connections Secure			Drsg Dry & Intact			SURGICAL	Amount: Sm/Mod/Lrg			
	CT Dressing Dry & Intact			PA Catheter Site:				Incision #2 Site			
	CT #15 site:			Insertion Depth (cm)				Open to Air/Dressing			
	Suction: # cm H <sub>2</sub> O/Gravity			Proper Waveform				Dressing Dry & Intact /Drainage			
	Bubbling			Drsg Dry & Intact				Edges: Approximated /Open*			
	Fluctuation in chamber			PA Catheter Site:				with: Staples/Sutures/Steri Strips			
	Crepitus			Insertion Depth (cm)				Redness/Induction/Swelling			
	Drainage: Sang/Serosang/Sero			Proper Waveform				Drainage: Sang/Serosang/Sero			
	Tubing Connections Secure			Drsg Dry & Intact				Purulent			
	CT Dressing Dry & Intact			PA Catheter Site:				Amount: Sm/Mod/Lrg			
PULMONARY	CT #16 site:			Insertion Depth (cm)			SURGICAL	Incision #2 Site			
	Suction: # cm H <sub>2</sub> O/Gravity			Proper Waveform				Open to Air/Dressing			
	Bubbling			Drsg Dry & Intact				Dressing Dry & Intact /Drainage			
	Fluctuation in chamber			PA Catheter Site:				Edges: Approximated /Open*			
	Crepitus			Insertion Depth (cm)				with: Staples/Sutures/Steri Strips			
	Drainage: Sang/Serosang/Sero			Proper Waveform				Redness/Induction/Swelling			

UNITED REGIONAL HEALTH CARE SYSTEM

United Regional Health  
Care System

36-24-04 [N]

11TH

CARDWELL, JOHN W

SZCZERBA, ARTHUR J 9061 ADM 7/16/01

DOB 9/01/61 039Y

00011324092

M

## PATIENT CARE RECORD - OBSERVATIONS

## SPECIALTY CARE

Form # 8330/03 (REV. 12/99)

CODE STATUS

ALLERGIES:

## GLASGOW COMA SCALE

EYE OPENING	Spontaneous	4
	To Voice	3
	To Pain	2
VERBAL RESPONSE	None	1
	Oriented	5
	Confused	4
MOTOR RESPONSE	Inappropriate Words	3
	Incomprehensible Words	2
	None	1
PUPILS	Obeys Commands	6
	Localizes Pain	5
	Withdraws (Pain)	4
EXTREMITIES	Flexion (Pain)	3
	Extension (Pain)	2
	None	1

PUPILS	cm	STRENGTH (Grips)
	1	3 - Strong
	2	2 - Fair
EXTREMITIES	3	1 - Weak
	4	0 - Absent
	5	P = Palpable
PULSES	6	D = Doppler
	7	P1 - Weak
	8	P2 - Fair
PULSES	9	P3 - Strong
	10	D1 - Monophasic
	11	D2 - Biphasic
PULSES	12	D3 - Triphasic
	13	
	14	

HEMODYNAMICS	Respirations	20
	O2 Sat %	95
	CO/CI	20
HEMODYNAMICS	CVP/PCWP	20
	PAP	20
	SVR/PVR	20
NEURO	Eye Opening	1
	Verbal Response	1
	Motor Response	1
NEURO	Total (≥ 7 indicates coma)	3
	Pupils	L 4.5
		R 4.5
EXTREMITIES	Arm	L 2
		R 2
	Leg	L 2
PULSES		R 2
	Time	1945
	Radial	L 0.2
PULSES		R 0.2
	Dorsalis Pedis	L 0.1
		R 0.1
PULSES	Posterior Tibial	L 0.1
		R 0.1
		0.1

Form # 8330/03 (REV. 12/99)

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## UNITED REGIONAL HEALTH CARE SYSTEM

36-24-04 |N|

11TH

CARDWELL, JOHN W

SZCZERBA, ARTHUR J. 9061 ADM 7/16/01

DOB: 9/01/61 039Y

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United Regional Health  
Care System

Form # 8330/03 (REV. 12/99)

														Previous Wt.: _____ Current Wt.: _____																	
														*Residuals are not included in the I & O unless discarded																	
														† Indicate with 'V' the first void after d/c of Foley																	
														§ Include liquid stool (cc's) in Output																	
														INPUT & OUTPUT'S																	
CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	CC	TUBE FEEDING	PO	HOURLY SUB TOTAL	RESID*	URINE †	NGT												
DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE	DOSE																		
07	15	15	15	30																											
08																		100													
09																															
10																		125													
11																															
12																		100													
13	14																														
14																															
15																		125													
16	13																														
17																															
18	12																	100													
TOTAL	482	172	120	92														550	250	200											
TOTAL 12 INTAKE														2037		TOTAL 12 OUTPUT														1100	
19	14	12	12	12	12	12	12	12	12	12	12	12	12																		
20																		100													
21	1/2																	100													
22																															
23																		100													
00	1/2																	60	Clamp	50											
01																															
02																		50													
03	1/2																														
04																		75		50											
05																															
06	1/2																														
TOTAL	495	130	183	98														500	400	150											
TOTAL 12 INTAKE														2515		TOTAL 12 OUTPUT														500 105	

TOTAL 24° INTAKE

4552

Copy TOTAL 24° OUTPUT

1687

on 06/28/2013 by

24° VARIANCE

2402 + 1-4/2 2

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DATE: 08/02/01

ROOM#

UNITED REGIONAL HEALTH CARE SYSTEM

36-24-04 [N]

11TH

CARDWELL, JOHN W

SZCZERBA, ARTHUR J. 9061 ADM. 7/16/01

DOB 9/01/61 039Y

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United Regional Health  
Care System

Form # 8330/03 (REV. 12/99)

## SIGNATURE KEY

Initials	Name, Title	Initials	Name, Title	Initials	Name, Title
[Signature]	Curran Jr	MT	Chakmalala		

## PRN MEDICATION ASSESSMENT

(Pain Scale: 0=no pain &amp; 10= maximum pain)

☐ Pt. has PCA or Epidural: See Pain Management 24° Flow Sheet for Documentation R/T Pain Management

INITIAL ASSESSMENT				EVALUATION OF INTERVENTION			
Time	Initials	Pain Level	Problem/Focus	Intervention	Time	Initials	Pain Level

## NARRATIVE NOTES

Nursing Dx Must Be Addressed In Patient Care Record Until Resolved

Time	Intervention & Evaluation
0730	sedated and paralyzed & disoriented and nonverbal. No response to verbal and physical stimuli. Trachea intact & ventilator settings as ordered. Lung sounds clear. No wheezes, crackles, or rhales. Suctioned secretions thick tan secretions. Endotracheal tube patent & no airway obstruction. Rectal tube patent & no brown stool. No urine. Generalized edema noted. IVs for monitoring & STON monitor. VSS.
0900	suctioned moderate thick yellow secretions orally, and moderate thick tan secretions from trachea. O2 sat 94%.
1100	repositioned, VSS.
1300	repositioned, VSS, Dr Chakmalala here. orders received.
1500	repositioned, assessment unchanged.
1700	repositioned, suctioned moderate tan secretions from ETT, VSS.
1830	resting quietly.
1945	hands & feet are cool. Pt sedated & paralyzed. On dopamine & midazolam. Non responsive to any stimuli except nurse. No response to 2 tracheal suctioning & physical stimuli. No bowel sounds. No gag & reflex. Manual hyperinflation 3x & return of breath. Mouth partially open & moisture is abundant. Trachea connected to vent by endotracheal tube. Machine done.

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## NURSES NOTES (CONTINUED FROM REVERSE SIDE)

Rte changed for med. @ Subclavian line to IV infusion of NSE 40' @ 12 cc 80', W. Dr. @ 12:15 & 10:15 @ 10:15 the 9:30-10:00 bag - via pump. Foley to drain to Potomac line & Potomac tube & yellow drainage. Putting blanket underneath pt & temp 99.1 per rectal tube. Repositioned in bed. Cx (2:10) Wearing diaper by 1:30-4' & no mass chips noted. Nerve stim to 2/4 response - Thack 50' of M. & thick brown secretions. Resp rate remains non-assisted & dist. Keeping Dr. 100% & 100% - Cx (2:10) Repositioned on @ side. Nasal response. Thack 50' of M. & thick brown secretions - Cx (2:10) Repositioned in bed. Mouth care done. Remains non-responsive. Transition to wear & on diaper for orders - Cx (2:10) Repositioned & Mouth care done. Glands remain embedded. Glands still present but remains afebrile. Thack 50' of M. & thick secretions. No further chips - Cx (2:10) Ask nurse to get pt & head also clean for AM bag & sent to Lab. Cx (2:10) Done. (6:50) Bag 50' & Thack care done - # 8 & 8.15. 11:15 St. via Thack. No cough but has slight gag reflex. The further chips - Cx (2:10) Glands 43 @ 11:15 - No further chips. Remains here - Cx (2:10) Report to Paula C. 10 - Cx (2:10)

☐ SEE CONTINUED NURSES' SUMMARY

UNITED REGIONAL HEALTH CARE SYSTEM

16-24-04 [N]



11TH

DARDWELL JOHN W

ZCERBA ARTHUR J 9061 ADM 7/16/01

JOB 9/01/61 039V

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# PATIENT CARE RECORD TRENDS

United Regional Health  
Care System

\* Liquid stool (cc's) will be recorded in the I & O also. Stool not WNL of Color, Consistency, Frequency, etc., will be marked with an asterisk (\*) in RED to indicate f/u description in Narrative Notes.

DATE	7-31-01					8-1-01					8-2-01					8-3-01					8-4-01									
HOSPITAL DAY																														
HOUR	00	04	08	12	16	20	00	04	08	12	16	20	00	04	08	12	16	20	00	04	08	12	16	20	00	04	08	12	16	20
Pulse (black)																														
Temperature C (red) F																														
130 ♦ 41.1 106°																														
120 ♦ 40.5 105°																														
110 ♦ 40.0 104°																														
100 ♦ 39.4 103°																														
90 ♦ 38.9 102°																														
80 ♦ 38.3 101°																														
70 ♦ 37.7 100°																														
60 ♦ 37.2 99°																														
50 ♦ 36.7 98°																														
40 ♦ 36.0 97°																														
RESPIRATIONS	26	26	20	19	20	24	20	20	20	20	20	20	20	20	20	20	20	20	20	22	22	22	22	22	22	22	22	22	22	
B/P - RECUMBENT	135/31	123/73	109/62	134/66	120/78	130/84	115/75	113/59	122/82	115/80	115/78	132/77	122/80	124/80	124/80	127/72	127/74	119/78	117/74					127/66	127/63	127/62	127/52	127/52	127/30	
B/P - UPRIGHT																														
DIET - TYPE % TAKEN	NPO					NPO					NPO					NPO					NPO									
SUPPLEMENT / FREQ.																														
% TAKEN	09	13	17	21	09	13	17	21	09	13	17	21	09	13	17	21	09	13	17	21	09	13	17	21						
SNACKS - % TAKEN	AM	PM	HS	AM	PM	HS	AM	PM	HS	AM	PM	HS	AM	PM	HS	AM	PM	HS	AM	PM	HS	AM	PM	HS						
HEMO/GASTROCUIT (+ or -) & description																														
STOOLS S=Sml; M=Mod; L=Lrg Enter 0 for none	7a-p RITV					7p-a Rectal Tube					7a-p					7p-a					7a-p					7p-a				
24" I & O (cc.)	Input 4510					Output 2850					Input 3917					Output 2360					Input					Output				
DAILY WEIGHT (lbs.)	217.2					220.5					224.3					228.4					234.2									
TYPE OF SCALES**	Bed					Wt					Bed					Bed					Bed									

12

\*\*SI = Stand-up scales B = Bed scales H = Hoyer Lift WC = Wheelchair scales

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UNITED REGIONAL HEALTH CARE SYSTEM

36-24-04 [N]



11TH

CARDWELL, JOHN W

SZCZERBA, ARTHUR J 9061 ADM 7/16/01

DOB 9/01/61

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# PATIENT CARE RECORD TRENDS

United Regional Health  
Care System

\* Liquid stool (cc's) will be recorded in the I & O also. Stool not WNL of Color, Consistency, Frequency, etc., will be marked with an asterisk (\*) in RED to indicate flu description in Narrative Notes.

DATE	7-31-01						8-1-01						8-2-01						8-3-01						8-4-01					
HOSPITAL DAY																														
HOUR	00	04	08	12	16	20	00	04	08	12	16	20	00	04	08	12	16	20	00	04	08	12	16	20	00	04	08	12	16	20
Pulse (black)	130	120	110	100	90	80	110	100	90	80	70	60	110	100	90	80	70	60	110	100	90	80	70	60	110	100	90	80	70	60
Temperature (red) F	106	105	104	103	102	101	101	100	99	98	97	96	101	100	99	98	97	96	101	100	99	98	97	96	101	100	99	98	97	96
RESPIRATIONS	26	26	20	14	20	24	20	20	20	20	20	20	20	20	20	20	20	20	20	20	22	22	22	22	22	22	22	22	22	22
B/P - RECUMBENT	135/81	123/73	100/62	100/64	120/78	130/84	115/85	113/89	120/92	105/80	115/80	132/80	122/80	124/80	104/72	102/74	121/78	118/78	107/78						127/66	127/63	99/62	92/52	98/42	108/30
B/P - UPRIGHT																														
DIET - TYPE % TAKEN	NPO						NPO						NPO						NPO						NPO					
SUPPLEMENT / FREQ.																														
% TAKEN	09	13	17	21			09	13	17	21			09	13	17	21			09	13	17	21			09	13	17	21		
SNACKS - % TAKEN	AM	PM	HS				AM	PM	HS				AM	PM	HS				AM	PM	HS				AM	PM	HS			
HEMO/GASTRO/CULT (+ or -) & description																														
STOOLS S=Sm; M=Mod; L=Lrg Enter 0 for none	7a-p RTV 7p-a Rectal tube						7a-p 7p-a						7a-p 7p-a						7a-p 7p-a						7a-p 7p-a					
24" I & O (cc.)	Input 4510 2850 71660 Output 3917 2360						Input 7p-a						Input 7p-a						Input 7p-a						Input 7p-a					
DAILY WEIGHT (lbs.)	217.2						220.5						224.3						228.4						234.2					
TYPE OF SCALES	Bed						Wt						Bed						Bed						Bed					

12

\*\*SI = Stand-up scales B = Bed scales H = Hoyer LIR WC = Wheelchair scales

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11TH

CARDWELL, JOHN W

SZCZERBA, ARTHUR J 9061 ADM 7/16/01

DOB 9/01/61 039Y

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## NURSING PLAN OF CARE

Plan of Care Will Be Initiated by RN Within 24° of Admission

RN INITIALS

UNITED REGIONAL HEALTH CARE SYSTEM Nursing Dx Must Be Addressed In Patient Care Record Until Resolved

## Observations &amp; Interventions with Goals &amp; Expected Outcomes

Licensed Clinical Tech to sign initials in appropriate column each shift.  
Changes to Plan of Care will be initialed by licensed person.

PLAN OF CARE - SKIN INTEGRITY &/OR WOUND CARE  
POTENTIAL/ACTUAL BREAKDOWN IN SKIN INTEGRITY

- Assess risk factors: admission skin assessment > 8, Albumin < 3.0, edema, immobility, altered circulation, sensation, skeletal prominence
- Notify physician immediately with s/s; Follow wound care as ordered
- Implement IMPAIRED SKIN PROTOCOL; Make appropriate referrals to Physical Medicine/ Wound Care Nurse, Respiratory Therapy, or Infection Control
- Assess skin & bony prominences q shift; Monitor VS & labs q shift
- Monitor for incontinence; Assess perineal & perianal areas prn
- Assess bathing needs, apply lotion after bath & prn; Keep linen neat, dry, & wrinkle-free q shift; Keep Pt warm q shift
- Instruct Pt/family in home care, wound care, preventative measures, & s/s to report

## GOALS &amp; EXPECTED OUTCOMES

- Skin integrity is maintained or demonstrates timely healing
- Remains free from preventable complications
- Verbalizes/ demonstrates understanding of home care, preventative measures & s/s to report

DATE	DATE	DATE	DATE	DATE	DATE	DATE
7/31	8/1	8/2	8/3	8/4		
A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials
	MT	MT	Pme	Bh		
P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials
KAG	JA		JA			

Comments: (Include Additions, Deletions, Date Resolved)

## PLAN OF CARE - RESPIRATORY FAILURE

## INEFFECTIVE BREATHING PATTERN R/T ↓ LUNG EXPANSION

- Assess breath sounds & respirations; auscultate lung sounds q 2 H or as indicated. Monitor ventilator continuously if in use
- Maintain patency of endotracheal tube or tracheostomy if in use
- Administer O<sub>2</sub> with assisted ventilation & humidification as ordered
- Monitor ABG's for ↓ in PaO<sub>2</sub> or ↑ in PaCO<sub>2</sub> and other labs as indicated
- Observe LOC, skin color & temperature q 2 H or as indicated
- Maintain BR with HOB ≥ 30° for optimal breathing, encourage CDB
- Maintain quiet, calm environment to ↓ anxiety

## GOALS &amp; EXPECTED OUTCOMES

- Maintains an effective breathing pattern AEB normal rate, rhythm, & depth of respirations
- O<sub>2</sub> sat ≥ 90% RA; ABG's WNL

DATE	DATE	DATE	DATE	DATE	DATE	DATE
7/30	7/31	8/1	8/2	8/3	8/4	
A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials
		MT	MT	Pme	Bh	
P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials
KAG	KAG	JA		JA		

Comments: (Include Additions, Deletions, Date Resolved)

Initials	Name / Title / Shift
Bh	Bh

Initials	Name / Title / Shift
KAG	K. Grossmann RN
JA	Janette Hanko RN
MT	Michelle Trope RN
Pme	P. Chambers RN

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Patient Label

## NURSING PLAN OF CARE

Plan of Care Will Be Initiated by RN Within 24° of Admission  
Nursing Dx Must Be Addressed In Patient Care Record Until Resolved

RN INITIALS

USE ONE LABEL FOR EACH CARE PLAN

### PLAN OF CARE - ~~CIRRHOSIS~~ Liver Failure POTENTIAL FOR INJURY R/T LIVER DISEASE PROCESS

1. Assess VS, labs: liver profile, PT, & E\*, q 4 hr; hemocult stools prn
2. Maintain HOB ≥45-60° prn to maintain effective breathing pattern
3. Assess for s/s ↑ abdominal distension (ascites) &/or hemorrhage q shift
4. Maintain bed rest in quiet environment to ↓ anxiety

### ALTERED NUTRITION : LESS THAN BODY REQUIREMENTS R/T INADEQUATE DIET, VOMITING, &/or ANOREXIA

1. Provide oral hygiene with soft toothbrush before meals
2. Provide small, frequent meals of prescribed diet & consider preferences
3. Maintain strict I & O q shift; Maintain diet/fluid restriction as ordered

### POTENTIAL/ ACTUAL IMPAIRMENT OF TISSUE INTEGRITY R/T EDEMA, DEHYDRATION, &/or JAUNDICE

1. Assess skin for breaks, reddened areas, pruritus, & jaundice q shift
  2. Provide frequent skin care with lotion; perineal care prn; Turn q 2 hr
- GOALS & EXPECTED OUTCOMES**
1. Remains free of preventable injury AEB VS & labs WNL
  2. Pt tolerates prescribed diet & verbalizes understanding of dietary needs; Maintains weight within 5% of baseline
  3. Maintains tissue integrity & demonstrates understanding to prevent skin impairment

1. Remains free of preventable injury AEB VS & labs WNL
2. Pt tolerates prescribed diet & verbalizes understanding of dietary needs; Maintains weight within 5% of baseline
3. Maintains tissue integrity & demonstrates understanding to prevent skin impairment

Licensed Clinical Tech to sign initials in appropriate column each shift.  
Changes to Plan of Care will be initiated by licensed person.

DATE	DATE	DATE	DATE	DATE	DATE	DATE
7/30	7/31	8/1	8/2	8/3	8/4	
A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials
P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials
KAG	KAG	JAS		JAS		

Comments: (Include Additions, Deletions, Date Resolved)

DATE	DATE	DATE	DATE	DATE	DATE	DATE
A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials	A-P Initials
P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials	P-A Initials

Comments: (Include Additions, Deletions, Date Resolved)

Initials	Name / Title / Shift	Initials	Name / Title / Shift
		JAS	Janelle Armstrong MS


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UNITED REGIONAL HEALTH CARE SYSTEM

United Regional Health  
Care System 

**36-24-04 [N]**

**11TH**

**CARDWELL, JOHN W**

SZCZERBA, ARTHUR J 9061  
DOB 2/01/61 039V

ADM 7/16/01

DOB 9/01/61  
00011324092

**M**

## TIENT CARE RECORD - OBSERVATIONS

## SPECIALTY CARE

Form # 8330/03 (REV. 12/99)

CODE STATUS \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_









**GLASGOW COMA SCALE**

<b>EYE OPENING</b>	Spontaneous	4
	To Voice	3
	To Pain	2
	None	1









<b>VERBAL RESPONSE</b>	Oriented	5
	Confused	4
	Inappropriate Words	3
	Incomprehensive Words	2
	None	1

<b>MOTOR RESPONSE</b>	Obeys Commands	6
	Localizes Pain	5
	Withdraws (Pain)	4
	Flexion (Pain)	3
	Extension (Pain)	2
	None	1

PUPILS	EXTREMITIES
--------	-------------

	cm	STRENGTH (Grips)
	1	3 - Strong
	2	2 - Fair
	3	1 - Weak
	4	0 - Absent
	5	
	6	
	7	
	8	

	PULSES
	P = Palpable
	D = Doppler
	P1 - Weak
	P2 - Fair
	P3 - Strong
	D1 - Monophasic
	D2 - Biphasic
	D3 - Triphasic

		10	20	30	40	50	60	70	80	90	100
HEMODYNAMICS	Respirations	16	16	17	16	16	16	15	15	15	15
	O <sub>2</sub> Sat %	96	96	97	96	96	96	95	95	95	93
	CO/CI										
	CVP/PCWP										
	PAP										
NUERO	SVR/PVR										
	Eye Opening	1									
	Verbal Response	1									
	Motor Response	3									
	Total (≥ 7 Indicates coma)	3									
PULSES	Pupils	L 4	R 4								
	Arm	L 0	R 0								
	Extremities	L 0	R 0								
	Leg	L 0	R 0								
	Time	02	02	01	01	01	01	01	01	01	01
PULSES	Radial	L 02	R 02								
	Dorsalis Pedis	L 01	R 01								
	Posterior Tibial	L 01	R 01								
		L 01	R 01								
		L 01	R 01								

[illegible]

Form # 8330/03 (REV. 12/99)

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**ROOM:**

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UNITED REGIONAL HEALTH CARE SYSTEM  
36-24-04 [N] 11TH

CARDWELL, JOHN W  
SZCZERBA, ARTHUR J 9061  
DOB 9/01/61 039Y ADM 7/16/01  
00011324092 M

United Regional Health  
Care System



Form # 8330/03 (REV. 12/99)

Previous Wt.: \_\_\_\_\_ Current Wt.: \_\_\_\_\_

\*Residuals are not included in the I & O unless discarded  
‡ Indicate with 'V' the first void after d/c of Foley  
§ Include liquid stool (cc's) in Output

INPUT & OUTPUT'S																	
CC	DOSE	SOLN SITE	CC	DOSE	SOLN SITE	CC	DOSE	SOLN SITE	CC	DOSE	SOLN SITE	TUBE FEEDING	PO	HOURLY SUB TOTAL	RESID*	URINE ‡	NGT
07	15	15	15	15	15	15	15	15	15	15	15	15	15				
08																	
09																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
TOTAL	117	117	96	458										1882		550	200
TOTAL 12 INTAKE												1882	TOTAL 12 OUTPUT		1100		
19	15	15	15	15	15	15	15	15	15	15	15	15	15				
20																	
21																	
22																	
23																	
00																	
01																	
02																	
03																	
04																	
05																	
06																	
TOTAL	119	180	408	494										2035		910	200
TOTAL 12 INTAKE												2035	TOTAL 12 OUTPUT		1260		
TOTAL 24 INTAKE												3917	TOTAL 24 OUTPUT		2360		
VARIANCE												757	DATE: 8/1/01		ROOM# CCU		

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DATE: 8/1/01

ROOM# CCU

UNITED REGIONAL HEALTH CARE SYSTEM

36-24-04 |N|

11TH

CARDWELL, JOHN W

SZCZERBA, ARTHUR J 9061 ADM 7/16/01

DOB 9/01/61 039Y

00011324092 M

United Regional Health  
Care System

Form # 8330/03 (REV. 12/99)

## SIGNATURE KEY

Initials	Name, Title	Initials	Name, Title	Initials	Name, Title
		MT	Melissa Trogo RN	JH	Janette Homburg RN

## PRN MEDICATION ASSESSMENT

(Pain Scale: 0=no pain &amp; 10= maximum pain)

☐ Pt. has PCA or Epidural: See Pain Management 24° Flow Sheet for Documentation R/T Pain Management

INITIAL ASSESSMENT					EVALUATION OF INTERVENTION			
Time	Initials	Pain Level	Problem/Focus	Intervention	Time	Initials	Pain Level	Assessment
2000	JH	2	Unable to determine	change in	11/5			

## NARRATIVE NOTES

Nursing Dx Must Be Addressed In Patient Care Record Until Resolved

Time	Intervention & Evaluation
0745	sedated & paralyzed - Narceon and Diprivan. Pupils equal, sluggish to react, responsive and unlabored. Jugular venous distended, grim, BS + BSC, Not intact - 1st brown/pink ting. Rectal tube patent - 1st brown stool, generalized edema 20% above USS, ST on monitor. Mtnex RN
0930	oral care completed, suctioned thick tan secretions orally, and blood tinged secretions from trach, condition unchanged. Mtnex RN
1100	repositioned; NVD's. Mtnex RN
1300	repositioned, suctioned moderate thick tan secretions orally and from trach. Mtnex RN
1500	repositioned; NVD's. Mtnex RN
1700	repositioned, suctioned, USS, condition unchanged. Mtnex RN
1800	remains sedated, assessment unchanged. Mtnex RN
1905	Pt assessed refer to check off sheet for complete. Pt remains sedated & paralyzed. Monitor ST & ectopy noted. O2 SAT mid 90's vent - trial setting verified & recorded. IV fluids verified to infusing & difficult. No disten noted. SB tube placement verified by air bolus. Mtnex RN
2130	No change in pt status. No disten noted. Mtnex RN
2300	Monitor ST & ectopy noted. O2 SAT mid 90's - Mtnex RN

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DATE: 8/1/01

ROOM# 3Ccu

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## NURSES' NOTES (CONTINUED FROM REVERSE SIDE)

(0330) No change in pt status. — *[Signature]* (0300) Sustained, &  
 position — *[Signature]* No change in pt status. — *[Signature]*  
 (0405) AM lab drawn. No changes in assessment noted. *[Signature]*  
 (0500) I&O calculated. Status remains the same. *[Signature]*  
 (0715) Report given to M Trejo RN. — *[Signature]*

☐ SEE CONTINUED NURSES' SUMMARY

## UNITED REGIONAL HEALTH CARE SYSTEM

**36-24-04 | N |**



11TH

**CARDWELL, JOHN W.**

SZCZERBA, ARTHUR J 9061 ADM 7/16/01

DOB 9/01/61 039Y

00011324092

**M**

Form # 8330/03 (REV. 12/99)

## NURSING INTERVENTIONS

[illegible]

## NURSING INTERVENTIONS

[illegible]

NGT			IV INSERTION			IV SITE CARE			IABP/A-LINE DC'd			EQUIPMENT		
Tube Type			Site				Site			By			IV Pump	
Size			Gauge				Patent			Time			Feed Pump	
By			By				Drsg Applied			Bleeding			Oximeter	
Time			Time				By			Hematoma			Ventilator	
Placement 'd			Start Kit Used				Time			Site Clean			Temp Pace	
X-Ray			Injection Site				DRAIN DC'd			Pressure Drsg			SCD/K Ped	
To Suction			# Attempts				Type			CMS adequate			Bard	
Clamped			IV DC'd				Site			PA CATHETER DC'd			IABP	
Feeding			Site				Drsg Applied			By			Camino	
D/C'd Time			Redness				By			Time			Geomatt	
FOLEY/STRAIGHT CATH			Bleeding				Time			Ectopy			Hypo/Hyper	
Size			Drainage				CT DC'd			EXTUBATION			Thermia Unit	
Sterile Tech. Used			Infiltration				Site			Hyperoxygenated				
By			Drsg Applied				By M.D.			Suctioned				
Time			By				Drsg Applied			Extubated by				
D/C'd Time			Time				Time			Time				

## FALL PRECAUTIONS

FALL PRECAUTIONS		Initials		RESTRAINT/M.P.D..	
		7 a-p	7 p-a		
NURSING DIAGNOSIS: POTENTIAL FOR INJURY R/T HIGH RISK FOR FALL				*Requires Further Charting	*Alternative
DESIRED OUTCOME: NO FALLS OR INJURY DURING HOSPITAL STAY					
Stress fall prevention information with Patient and family once per day and PRN				Tube Wandering Fall	*Measures
Check for Yellow bracelet on Patient once per day				Aggressive/Assaultive	Time Applied
Check for Yellow symbol on chart and kardex once per day					Type: Wrist
Check door open & lighting sufficient to visualize Patient q 4 hours and PRN					Vest
Confirm all side rails up, bed in low position q 4 hours and PRN					4 pt.
Confirm presence of call light within reach and reinforce use of q 4				✓ Done-Continues	Needs Attended Q 2 hr
Ensure Patient has slippers with rubber soles for out-of-bed activities					per protocol:
Provide mandatory assistance to BSC or BR prn. Remain with Patient while up to BSC or BR					*Time Discontinued
Provide mandatory assistance with ambulation				Report given to next shift	
Apply reminder belt or posey vest when up to chair as indicated					
Apply bed sensor per nurse discretion. Check alarms "on" at all times when Patient in bed					
Offer toileting at HS and PRN					

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**DAT**

DATE: 08/02/01

ROOM#



## See Admission Assessment database for initial admitting assessment

ASSESSMENT		AM	PM	ASSESSMENT		AM	PM	ASSESSMENT		AM	PM
<b>MENTAL</b>	Alert			Apical Pulse Regular /Irregular				<b>Incision #1 Site</b>			
	Cooperative/Uncooperative			Capillary Refill: < 2 sec/> 2 sec				Open to Air/Dressing			
	Anxious/Restless/Agitated			Neck Veins: Flat/Distended				Dressing Dry & Intact /Drainage			
	Speech Clear/Slurred			EKG Rhythm				Edges: Approximated /Open*			
<b>PULMONARY</b>	Breath Sounds: Clear R/L			Lead				with: Staples/Sutures/Steri Strips			
	Crackles R/L			EKG HI/Lo Alarms On at:				Redness/Induction/Swelling			
	Wheezes R/L			Pacer: Temporary/Permanent				Drainage: Sang/Serosang/Sero			
	Rhonchi R/L			Insertion Depth (cm)				Purulent			
	Diminished R/L			Transvenous/External				Amount: Sm/Mod/Lrg			
	Absent R/L			Epicardial Wires				<b>Incision #2 Site</b>			
	Resp. Effort: Regular/Irregular			Pulse Generator On/Off				Open to Air/Dressing			
	Unlabored/Labored			Rate				Dressing Dry & Intact /Drainage			
	Accessory Muscle Use			MA				Edges: Approximated /Open*			
	Symmetrical Chest Expansion			Demand/Asynchronous				with: Staples/Sutures/Steri Strips			
<b>TRANSFUSION</b>	Denies/Admits SOB or Dyspnea			Levelled with RA				Redness/Induction/Swelling			
	Cough: Productive/Nonproductive			Zeroed & Calibrated				Drainage: Sang/Serosang/Sero			
	Color			1000 U. Heparin				Purulent			
	Tracheostomy			500 CC. NS Flush				Amount: Sm/Mod/Lrg			
	Cuff up/down			<b>A - Line Site:</b>				Redness/Induction/Swelling			
	Tube secured in place			Proper Wave Form				Drainage: Sang/Serosang/Sero			
	Ambu at bedside			MAP HI/LO Alarms On at				Purulent			
	ET tube: oral/nasal			Drsg dry & Intact				Amount: Sm/Mod/Lrg			
	# cm at teeth/lip			<b>PA Catheter Site:</b>				Drain Tube - Site & Type:			
	size			Insertion Depth (cm)				Drainage: Sang/Serosang/Sero			
<b>HEMODYNAMICS</b>	<b>CT # 1 site:</b>			Proper Waveform				Drain Tube - Site & Type:			
	Suction: # cm H <sub>2</sub> O/Gravity			Drsg Dry & Intact				Drainage: Sang/Serosang/Sero			
	Bubbling			<b>CVP Catheter Site:</b>				Drain Tube - Site & Type:			
	Fluctuation in chamber			Proper Waveform				Drainage: Sang/Serosang/Sero			
	Creptus			Drsg Dry & Intact				IV Access: Site			
	Drainage: Sang/Serosang/Sero			<b>IABP Site:</b>				Patent			
	Tubing Connections Secure			Ratio I:				IV Access: Site			
	CT Dressing Dry & Intact			Proper Augmentation				Patent			
	<b>CT # 2 site:</b>			Alarm On				IV Access: Site			
	Suction: # cm H <sub>2</sub> O/Gravity			Drsg Dry & Intact				Patent			
<b>SKIN</b>	Bubbling			Intact/Break in Skin Surface*				Bed in Low Position			
	Fluctuation in chamber			Warm Cool				Call Light in Reach			
	Creptus			Dry/Clammy/Diaphoretic				Side Rails Up: Upper/Full			
	Drainage: Sang/Serosang/Sero			Pink/Pale (✓ nailbeds/mucous membranes)				<b>POTENTIAL FOR VIOLENCE</b>			
	Tubing Connections Secure			Cyanotic/Flushed/Jaundiced				Assessors Initials			
	CT Dressing Dry & Intact			Edema - Site				AP <i>MT</i>			
	<b>CT # 3 site:</b>			+1 +2 +3 P=Pitting				PA <i>PC</i>			
	Suction: # cm H <sub>2</sub> O/Gravity			Urine Color				RN SIGNATURE			
	Bubbling			Clear/Cloudy/Bloody				PA <i>MT</i>			
	Fluctuation in chamber			Void/Foley/CBI				PA <i>MT</i>			
<b>GI - GU</b>	Creptus			Abdomen: Soft/Firm				UNITED REGIONAL HEALTH CARE SYSTEM			
	Drainage: Sang/Serosang/Sero			Flat/Distended				36-24-04  N  11TH			
	Tubing Connections Secure			Nontender/Tender				CARDWELL, JOHN W			
	CT Dressing Dry & Intact			Bowel Sounds: Present/Absent				SZCZERBA, ARTHUR J 9081 ADM 7/16/01			
	<b>CT # 4 site:</b>			Hypoactive/Hyperactive				DOB 9/01/81 089Y			
	Suction: # cm H <sub>2</sub> O/Gravity			Expels Flatus				00011324092 M			
	Bubbling			NGT/PEG (Placement verified)							
	Fluctuation in chamber			suction/clamped/feeding							
	Creptus			Urostomy/Ileostomy/Colostomy							
	Drainage: Sang/Serosang/Sero			Stoma Pink/Other							

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NAME: *CARDWELL, JOHN*

NUMBER: *1041651*

MEDICAL ALERT

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

HEALTH SERVICES

**TO BE PLACED ON FRONT OF CHART**  
THIS FORM TAKES PRECEDENCE FOR THIS POSITION ORDER ALL OTHER FORMS  
INCLUDING ANAESTHETIC RECORD

**CAUTION**

THIS PATIENT IS KNOWN TO HAVE A MEDICAL CONDITION OR SENSITIVITY AS LISTED BELOW.

1.

2.

3.

4.

5.

6.

7.

8.

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*7-1*

6

## INFORMATION ABOUT HEPATITIS B VACCINE

**THE DISEASE:** Hepatitis B is a viral infection caused by the hepatitis B virus. It can cause death in about 1-2% of patients with severe infection. Most people recover completely from hepatitis B, but about 5-10% of adults who catch hepatitis B will remain chronically infected. People with chronic hepatitis B infection remain capable of transmitting the infection to others through blood contact. About 1 of 4 people with chronic hepatitis B will develop cirrhosis after several years. Cirrhosis can lead to liver failure, gastrointestinal bleeding or liver cancer. People with chronic hepatitis C are at greater risk for liver damage if they also catch hepatitis B. Vaccination against hepatitis B can prevent infection from hepatitis B infection, if the individual is not already infected at the time of vaccine administration. As a result, all the complications that may follow such infection can be avoided.

**THE VACCINE:** The vaccine is non-infectious protein particle that is by yeast cells. It contains no substances of human origin. It is incapable of transmitting hepatitis B or any other infection. The recommended series of 3 doses of vaccine induces a protection against hepatitis B infection in more than 90% of healthy adult for a lifetime. Some people will not respond to the vaccine, especially those with weakened immune systems, such as people with HIV infection or on dialysis. For those people additional doses of the vaccine may be given.

If somebody already has chronic hepatitis B infection, there is no harm in receiving the vaccine. However, the vaccine will not clear chronic hepatitis B and will not protect an infected person against the complications of chronic hepatitis B.

A small number of people with no known medical problems will not be protected after receiving the vaccine. For this reason, it is still important for persons who have been vaccinated to avoid being exposed to the virus. The known exposure routes are sexual, body fluid and blood exposure and mother to infants during birth.

**WHO SHOULD NOT GET HEPATITIS B VACCINE?** People who have had a life-threatening allergic reaction to baker's yeast should not receive the vaccine. People who are moderately or severely ill should wait until they recover before receiving the vaccine. Patients with multiple sclerosis (a disease of the nervous system) may rarely have worsening of neurological condition. Pregnant and nursing women should have hepatitis B vaccination only if clearly needed.

**POSSIBLE SIDE EFFECTS OF HEPATITIS B VACCINE:** Hepatitis B vaccine usually does not cause significant side effects. The common side effect is soreness and swelling at the site of the injection. Some people may have fatigue, headache, dizziness, or low grade fever after vaccination. These side effects are less common after the second or third dose, and clear up on their own within a day or two. Other side effects are very rare. These include bruising at the site of injection, sweating, chills, low blood pressure, nausea, vomiting, stomach pain, constipation, diarrhea, enlarged lymph glands and rash.

In addition there have been reports of the following symptoms after vaccination, but it is not certain that they are related to the vaccine. These symptoms include painful joints, generalized bruising, visual disturbances, severe rash, paralysis, fainting, seizures, rapid heart rate, shortness of breath. Other symptoms such as flu-like symptoms, flushing, tingling, weakness, agitation, and irritability were rarely reported.

Like any medicine, hepatitis B vaccine can cause a severe allergic reaction, but the risk is very small.

Overall, getting hepatitis B vaccine is safer than getting hepatitis B disease.

IF YOU HAVE ANY QUESTIONS ABOUT HEPATITIS B INFECTION OR HEPATITIS B VACCINE, PLEASE CONSULT WITH CLINICAL MEDICAL STAFF.

## CONSENT FORM

I have read the above statement about hepatitis B infection and vaccine. I have had an opportunity to ask questions and understand the benefits and risks of HBV vaccination. I understand that I must have three doses to give me immunity to hepatitis B, but additional doses may be needed in some cases. As with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I request the vaccine be administered to me.

John Cardwell  
Printed Name of Person to Receive Vaccine

John Cardwell  
Signature

291651  
CJ Number

6-11-01  
Date Signed

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## Texas Uniform Health Status Summary Update

I. Name Cordwell, John DOB 9/1/61 Age 54  
 Last First MI

State ID # 0061802 Race: W Sex: Male Female  
 County 0061802 Wt. 110 Ht. 65"

## II. Current/Chronic Health Problems

## A. Health Problems

1. None  
 2. Asthma  
 3. Cardiovascular/Heart Trouble  
 4. Dental Priority  
 5. Diabetes  
 6. Dialysis  
 7. Drug Abuse/Alcoholism  
 8. Hypertension PPD/GERD  
 9. Orthopedic Problems Hep C  
 10. Pregnancy  
 11. Seizures  
 12. Mental Retardation  
 13. Mental Illness (Diagnosis)  
 14. Recent Surgery (type)  
 Date

## III. Special Needs (check all that apply)

## A. Housing Restrictions

1. None  
 2. Skilled Nursing Facility  
 3. Extended Care Facility  
 4. Psychiatric Inpatient Facility  
 5. Respiratory Isolation  
 6. Other

## B. Transportation

1. Routine  
 2. Crutches/Cane  
 3. Ambulance  
 4. Wheelchair/Wheelchair Van  
 5. Prosthesis

## C. Pending Clinic Appointment:

None Type

## B. Preventive Medicine

## 1. Tuberculosis Status

Skin Test: Date given: 1/1 Date Read 3/19/01 Results 0 mm

X-ray: Date: 1/1 Normal Abnormal Treatment begun?

2. Hepatitis: A B C Other information:

3. HIV Antibody Test Date 1/1 Results: Neg Pos CD4

4. Syphilis: Date: 1/1 Type Ratio Tx Completed Y N

\*Note: If any treatment has been recommended, the x-ray was abnormal, or skin test indicates infection please attach tuberculosis record.

## C. Other Health Care Problems:

IV. Current Prescribed Medications None

Medication	Dosage	Frequency
HCTZ	25mg	QD
Nitroglycerin	0.4mg SL	Q 5min x 3 prn
Risperidone	2mg	QHS
Zantac	150mg	BID

Completed by: Dr. Michael J. Smith V. Allergies NKA

Facility: T. Don Hutto Correctional Facility

Phone Number: 512-352-3502 Ext. 2206 Date: 6/6/2001

Nortriptyline 75mg QHS



**CLINIC NOTES**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISIONName: Carroll, JohnTDCJ No.: 1041651Unit: DV - T

Date &amp; Time

Notes

6-27-01

1045

S - Ph w Hx. May Reg. Regate

Catching R, doing well

O - MFE i wac. Not found

A - May Reg

P - PRD

J. B. Brown PhD

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

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**CLINIC NOTES**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISIONName: CameronTDCJ No.: 104 1687Unit: Wiley

Date & Time	Notes
2/15/201	<p>findings related to her fall &amp; delirium          (S) the patient was not given a full side          of exam, but the on patient, it was a          cycle "only". The notes also refer to the          "last exam and of other exams".</p> <p>Discharge</p> <p>2/15/201: Mary Spence, RN, 4/18/2013 2:34          By Amy D. Spence, RN, 2/15/2013          By Amy D. Spence, RN, 2/15/2013          No Meds. No Rx. No Rx. No Rx.          Amy Spence, RN, 2/15/2013          2/15/201: Amy Spence, RN, 2/15/2013          [Attended &amp; Nourished Patient]</p> <p>2/15/201: No Rx.</p> <p>2/15/201: No Rx.</p> <p>① No sexual abuse of patient &amp; history          to be given. A patient's need for medical,          which I treat.</p> <p>② A STP level is required to deal with medical &amp;          emergency.</p> <p>③ 2/15/201: No Rx. No Rx. No Rx.</p> <p>④ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑤ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑥ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑦ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑧ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑨ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑩ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑪ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑫ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑬ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑭ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑮ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑯ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑰ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑱ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑲ 2/15/201: No Rx. No Rx. No Rx.</p> <p>⑳ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉑ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉒ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉓ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉔ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉕ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉖ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉗ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉘ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉙ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉚ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉛ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉜ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉝ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉞ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㉟ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊱ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊲ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊳ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊴ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊵ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊶ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊷ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊸ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊹ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊺ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊻ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊼ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊽ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊾ 2/15/201: No Rx. No Rx. No Rx.</p> <p>㊿ 2/15/201: No Rx. No Rx. No Rx.</p>

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## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Name: C. Moore

TDCJ No.: 104 16 51

Unit: 60124

Date & Time	Notes
06/18/2001	<p> <del>At 10:00 AM</del> ① long ② Jan had to be ③ o/p on          (C-D) day ④ ⑤ GSW. ⑥ He should be the          right to be ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿ ㏀ ㏁ ㏂ ㏃ ㏄ ㏅ ㏆ ㏇ ㏈ ㏉ ㏊ ㏋ ㏌ ㏍ ㏎ ㏏ ㏐ ㏑ ㏒ ㏓ ㏔ ㏕ ㏖ ㏗ ㏘ ㏙ ㏚ ㏛ ㏜ ㏝ ㏞ ㏟ ㏠ ㏡ ㏢ ㏣ ㏤ ㏥ ㏦ ㏧ ㏨ ㏩ ㏪ ㏫ ㏬ ㏭ ㏮ ㏯ ㏰ ㏱ ㏲ ㏳ ㏴ ㏵ ㏶ ㏷ ㏸ ㏹ ㏺ ㏻ ㏼ ㏽ ㏾ ㏿ 㐀 㐁 㐂 㐃 㐄 㐅 㐆 㐇 㐈 㐉 㐊 㐋 㐌 㐍 㐎 㐏 㐐 㐑 㐒 㐓 㐔 㐕 㐖 㐗 㐘 㐙 㐚 㐛 㐜 㐝 㐞 㐟 㐠 㐡 㐢 㐣 㐤 㐥 㐦 㐧 㐨 㐩 㐪 㐫 㐬 㐭 㐮 㐯 㐰 㐱 㐲 㐳 㐴 㐵 㐶 㐷 㐸 㐹 㐺 㐻 㐼 㐽 㐾 㐿 㑀 㑁 㑂 㑃 㑄 㑅 㑆 㑇 㑈 㑉 㑊 㑋 㑌 㑍 㑎 㑏 㑐 㑑 㑒 㑓 㑔 㑕 㑖 㑗 㑘 㑙 㑚 㑛 㑜 㑝 㑞 㑟 㑠 㑡 㑢 㑣 㑤 㑥 㑦 㑧 㑨 㑩 㑪 㑫 㑬 㑭 㑮 㑯 㑰 㑱 㑲 㑳 㑴 㑵 㑶 㑷 㑸 㑹 㑺 㑻 㑼 㑽 㑾 㑿 㒀 㒁 㒂 㒃 㒄 㒅 㒆 㒇 㒈 㒉 㒊 㒋 㒌 㒍 㒎 㒏 㒐 㒑 㒒 㒓 㒔 㒕 㒖 㒗 㒘 㒙 㒚 㒛 㒜 㒝 㒞 㒟 㒠 㒡 㒢 㒣 㒤 㒥 㒦 㒧 㒨 㒩 㒪 㒫 㒬 㒭 㒮 㒯 㒰 㒱 㒲 㒳 㒴 㒵 㒶 㒷 㒸 㒹 㒺 㒻 㒼 㒽 㒾 㒿 㓀 㓁 㓂 㓃 㓄 㓅 㓆 㓇 㓈 㓉 㓊 㓋 㓌 㓍 㓎 㓏 㓐 㓑 㓒 㓓 㓔 㓕 㓖 㓗 㓘 㓙 㓚 㓛 㓜 㓝 㓞 㓟 㓠 㓡 㓢 㓣 㓤 㓥 㓦 㓧 㓨 㓩 㓪 㓫 㓬 㓭 㓮 㓯 㓰 㓱 㓲 㓳 㓴 㓵 㓶 㓷 㓸 㓹 㓺 㓻 㓼 㓽 㓾 㓿 㔀 㔁 㔂 㔃 㔄 㔅 㔆 㔇 㔈 㔉 㔊 㔋 㔌 㔍 㔎 㔏 㔐 㔑 㔒 㔓 㔔 㔕 㔖 㔗 㔘 㔙 㔚 㔛 㔜 㔝 㔞 㔟 㔠 㔡 㔢 㔣 㔤 㔥 㔦 㔧 㔨 㔩 㔪 㔫 㔬 㔭 㔮 㔯 㔰 㔱 㔲 㔳 㔴 㔵 㔶 㔷 㔸 㔹 㔺 㔻 㔼 㔽 㔾 㔿 㕀 㕁 㕂 㕃 㕄 㕅 㕆 㕇 㕈 㕉 㕊 㕋 㕌 㕍 㕎 㕏 㕐 㕑 㕒 㕓 㕔 㕕 㕖 㕗 㕘 㕙 㕚 㕛 㕜 㕝 㕞 㕟 㕠 㕡 㕢 㕣 㕤 㕥 㕦 㕧 㕨 㕩 㕪 㕫 㕬 㕭 㕮 㕯 㕰 㕱 㕲 㕳 㕴 㕵 㕶 㕷 㕸 㕹 㕺 㕻 㕼 㕽 㕾 㕿 㖀 㖁 㖂 㖃 㖄 㖅 㖆 㖇 㖈 㖉 㖊 㖋 㖌 㖍 㖎 㖏 㖐 㖑 㖒 㖓 㖔 㖕 㖖 㖗 㖘 㖙 㖚 㖛 㖜 㖝 㖞 㖟 㖠 㖡 㖢 㖣 㖤 㖥 㖦 㖧 㖨 㖩 㖪 㖫 㖬 㖭 㖮 㖯 㖰 㖱 㖲 㖳 㖴 㖵 㖶 㖷 㖸 㖹 㖺 㖻 㖼 㖽 㖾 㖿 㗀 㗁 㗂 㗃 㗄 㗅 㗆 㗇 㗈 㗉 㗊 㗋 㗌 㗍 㗎 㗏 㗐 㗑 㗒 㗓 㗔 㗕 㗖 㗗 㗘 㗙 㗚 㗛 㗜 㗝 㗞 㗟 㗠 㗡 㗢 㗣 㗤 㗥 㗦 㗧 㗨 㗩 㗪 㗫 㗬 㗭 㗮 㗯 㗰 㗱 㗲 㗳 㗴 㗵 㗶 㗷 㗸 㗹 㗺 㗻 㗼 㗽 㗾 㗿 㘀 㘁 㘂 㘃 㘄 㘅 㘆 㘇 㘈 㘉 㘊 㘋 㘌 㘍 㘎 㘏 㘐 㘑 㘒 㘓 㘔 㘕 㘖 㘗 㘘 㘙 㘚 㘛 㘜 㘝 㘞 㘟 㘠 㘡 㘢 㘣 㘤 㘥 㘦 㘧 㘨 㘩 㘪 㘫 㘬 㘭 㘮 㘯 㘰 㘱 㘲 㘳 㘴 㘵 㘶 㘷 㘸 㘹 㘺 㘻 㘼 㘽 㘾 㘿 㙀 㙁 㙂 㙃 㙄 㙅 㙆 㙇 㙈 㙉 㙊 㙋 㙌 㙍 㙎 㙏 㙐 㙑 㙒 㙓 㙔 㙕 㙖 㙗 㙘 㙙 㙚 㙛 㙜 㙝 㙞 㙟 㙠 㙡 㙢 㙣 㙤 㙥 㙦 㙧 㙨 㙩 㙪 㙫 㙬 㙭 㙮 㙯 㙰 㙱 㙲 㙳 㙴 㙵 㙶 㙷 㙸 㙹 㙺 㙻 㙼 㙽 㙾 㙿 㚀 㚁 㚂 㚃 㚄 㚅 㚆 㚇 㚈 㚉 㚊 㚋 㚌 㚍 㚎 㚏 㚐 㚑 㚒 㚓 㚔 㚕 㚖 㚗 㚘 㚙 㚚 㚛 㚜 㚝 㚞 㚟 㚠 㚡 㚢 㚣 㚤 㚥 㚦 㚧 㚨 㚩 㚪 㚫 㚬 㚭 㚮 㚯 㚰 㚱 㚲 㚳 㚴 㚵 㚶 㚷 㚸 㚹 㚺 㚻 㚼 㚽 㚾 㚿 㜀 㜁 㜂 㜃 㜄 㜅 㜆 㜇 㜈 㜉 㜊 㜋 㜌 㜍 㜎 㜏 㜐 㜑 㜒 㜓 㜔 㜕 㜖 㜗 㜘 㜙 㜚 㜛 㜜 㜝 㜞 㜟 㜠 㜡 㜢 㜣 㜤 㜥 㜦 㜧 㜨 㜩 㜪 㜫 㜬 㜭 㜮 㜯 㜰 㜱 㜲 㜳 㜴 㜵 㜶 㜷 㜸 㜹 㜺 㜻 㜼 㜽 㜾 㜿 㝀 㝁 㝂 㝃 㝄 㝅 㝆 㝇 㝈 㝉 㝊 㝋 㝌 㝍 㝎 㝏 㝐 㝑 㝒 㝓 㝔 㝕 㝖 㝗 㝘 㝙 㝚 㝛 㝜 㝝 㝞 㝟 㝠 㝡 㝢 㝣 㝤 㝥 㝦 㝧 㝨 㝩 㝪 㝫 㝬 㝭 㝮 㝯 㝰 㝱 㝲 㝳 㝴 㝵 㝶 㝷 㝸 㝹 㝺 㝻 㝼 㝽 㝾 㝿 㞀 㞁 㞂 㞃 㞄 㞅 㞆 㞇 㞈 㞉 㞊 㞋 㞌 㞍 㞎 㞏 㞐 㞑 㞒 㞓 㞔 㞕 㞖 㞗 㞘 㞙 㞚 㞛 㞜 㞝 㞞 㞟 㞠 㞡 㞢 㞣 㞤 㞥 㞦 㞧 㞨 㞩 㞪 㞫 㞬 㞭 㞮 㞯 㞰 㞱 㞲 㞳 㞴 㞵 㞶 㞷 </p>

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## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Name: Cashman

TDCJ No.: 164 16 S,

Unit: holidays[illegible]

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